The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:—
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

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The Canadian Nurse

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EPILEPSY AND ITS INTERPRETATION

WILDER PENFIELD, M.D., F.R.C.S., Can., Montreal

Epilepsy has no doubt existed and has been recognized as long as the race has existed. In spite of its antiquity, it remains today, in many ways, an enigma, but an enigma which is to me an interesting and fascinating one.

The word epilepsy comes from two Greek words which may be translated as seizure. Hippocrates recognized it as a chronic functional disease characterized by fits or attacks in which there was loss of consciousness with a succession of clonic or tonic convulsions. The tendency to recurrent seizures constitutes epilepsy, but it is not really a disease. The seizures are only a *symptom* of some disease process which affects the brain. The first duty which devolves upon us is to interpret any individual case of epilepsy, or rather to interpret every epileptic seizure so far as we can. Anyone can tell the patient that he has epilepsy; it is for us to interpret his seizures anatomically and pathologically, so that we may give him some idea of its cause in his case.

The interpretation of epileptic seizures requires a certain amount of insight into the mechanism of an epileptic seizure. It becomes peculiarly the task of a nurse who is caring for an epileptic patient to record in great detail and with complete accuracy all of the phenomena which a patient shows during an attack. This record may be made easier, perhaps, if it is pointed out to nurses in what way accurate reports may help with the individual problem and if nurses understand the physiological processes which lie back of these grotesque caricatures of movement which constitute an epileptic fit.

Hysterical fits are to be distinguished from epileptic fits first of all. In general, the hysterical fit serves some purpose. The patient does not injure himself in his fall. There is usually an appropriate cause for such an attack, and the sufferer, who is in most cases a woman, not infrequently uses the attacks as a weapon in her struggle to secure sympathy or some other compensation in life. A true epileptic seizure, on the other hand, serves no purpose and cannot be summoned at the will of the patient.

You will remember that Shakespeare makes Julius Caesar suc-

An address delivered before the School of Nursing of the Royal Victoria Hospital, February 15, 1933.

cumb to an attack at a most inopportune moment, at the time when Mark Anthony was offering him the crown in the presence of all the populace, "He fell down in the market place and foamed at the mouth and was speechless", and Brutus adds, "It is very like; he has the falling sickness". Those of you who have read "The Idiot", by Dostoievsky, will remember that the hero is subject to attacks, as Dostoievsky himself was, and is seized with one as a most unfitting climax to a happy evening when his bethrothal has been announced.

An epileptic seizure takes many different forms. The patient may fall and have convulsive movements of the extremities and foam at the mouth, which is a process recognized as epileptic by the man in the street. On the other hand, he may simply fall without convulsive movements. Or he may hesitate and show by means of a dazed expression that he is momentarily not master of himself. There may on certain occasions be no other outward manifestation of an attack than a sudden disorientation. All of these various manifestations constitute epileptic seizures. The French have used the term "petit mal" to describe the minor lapses, and "grand mal" to describe the true convulsive seizures.

Associated with each seizure, of whatever type, there is a sudden, ungovernable discharge of activity within the nerve cells of the brain at some point. The variation in the outward manifestation of the attack is due to the fact that this discharge may take place at many different points within the brain. The attack may start with some small outward manifestation and may progress to what we call a generalized convulsion. That we must interpret as a discharge at one point within the brain which gradually spreads to involve both sides of the cerebral hemispheres. The discharge from the whole brain results in loss of consciousness, movements of all the extremities, grinding of the teeth, which may cause the tongue to be bitten, loss of control of urine and disturbance in respiration evidenced by cyanosis and frothing at the mouth.

Dr. Hughlings Jackson, the 100th anniversary of whose birth will be celebrated in London in 1935, pointed out that a small lesion which was situated, let us say, in the foot area of the motor cortex, might give rise to a local irritation within the brain and spread progressively from the foot area to the arm area and to the face area, resulting in an attack on the opposite side of the body characterized by convulsive movements first of the foot, then of the arm, then of the face on that side. This advancing pattern of movement Jackson called the "march", and such seizures have come to be known as Jacksonian seizures. It is therefore of first importance for us to study each attack, starting with the very first manifestation of it and then try to follow that march. Our success will depend, to a certain extent, upon our knowledge of the anatomy of the brain. With your permission, I shall point out certain features of the anatomy of the brain which are essential to an interpretation of an epileptic fit.

Anatomical Considerations.

In the consideration of epilepsy we are concerned chiefly with the cerebral cortex, the superficial nerve cell layer that covers the brain like a blanket. Seizures do not arise from the cerebellum, and rarely, if ever, are produced by irritation of the white matter or nerve fiber tracts in the cerebrum. If you consider the cerebral cortex of each hemisphere to be divided

by the central fissure (of Rolando) into an anterior and posterior portion, you may consider roughly that sensation is represented only behind this, while movement is chiefly in front. By representation in the cerebral cortex we mean something very different from representation in the spinal cord. In the spinal cord all the muscles of the body find a representation in the anterior horn nerve cells which send nerve fibers to those particular muscles.

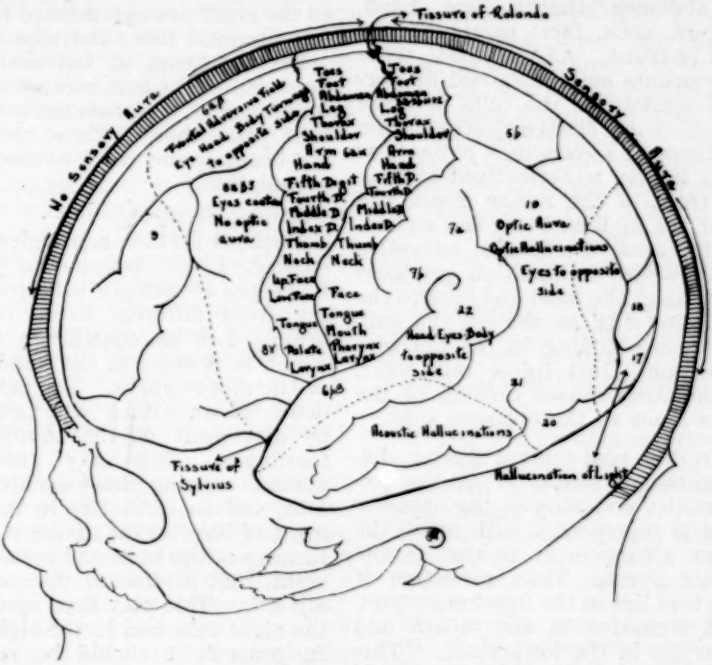


FIGURE 1.

Drawing by Florence McCormack, Head Nurse, Surgical Division, Royal Victoria Hospital, Montreal.
Cortex of brain. Either electrical stimulation or epileptic discharge in these areas produces the results indicated. For example, an epileptic discharge in the occipital lobe (area 17) produces an hallucination of light or at the upper end of the postcentral gyrus a sensation in the great toe, or just in front of this in the precentral (or motor) gyrus a movement of the great toe.

In passing from the lower centers to the cerebral cortex an extraordinary re-arrangement has taken place, so that instead of an individual muscle being represented at all, only movements are represented. These movements, such as closure of the hand, involve the activity of many different muscles. Thus, the movements of the right hand, the right foot and the right side of the body are represented in the left cerebral cortex. Closure of this hand is produced from one area and opening from an adjacent area. On the other hand, there are certain movements of which we are capable and which are carried out almost invariably by the activity of both sides of the body; such as movements of the mouth, the tongue and the forehead. I dare say only a select few of you are capable of raising one eyebrow at a time. Such combined movements are represented on both sides of the brain.

As you look at the cerebral cor-

tex, the gyrus which lies just in front of the central fissure may be called the motor gyrus. The movements of the body are represented on it upside down, as you will see by reference to Figure 1. That is to say, movements of the toes and feet may be produced by stimulation† of this gyrus at its upper end. Below this lie, in order, movement of abdomen, thorax, arm, hand, fingers, neck, face, palate, larynx and pharynx. As you know, these movements may be caused by normal activity of the cells in those areas, or by electrical stimulation of them in a conscious patient, or in a lightly anaesthetized animal. In front of the motor gyrus and near the midline there is a considerable area, the frontal adversive field, where stimulation produces turning of the head and eyes to the opposite side, as though the subject were looking in the opposite direction. Just below this point, stimulation causes turning of the eyes alone to the opposite side.

In the post-central gyrus, discriminative sensation of the extremities and body of the opposite side is represented with much the same arrangement as that in the motor gyrus. Thus, sensation of the toes lies in the uppermost part, and sensation of the mouth and pharynx in the lowermost. (This is sensation, but not sensation of pain, which has its end station below in the thalamus.) Stimulation of the areas which I have just described produces a sensation of tingling in the parts referred to. In the temporal lobe is represented hearing and also, in my opinion, the sense of balance. Stimulation here may cause the patient to hear a sound or to feel dizzy and further causes the head and eyes to turn to the opposite side as though looking toward the source of the sound.

In the occipital lobe is represented vision. Stimulation here causes a sensation of light to appear on his opposite side, for, as you know, only the vision of things which lie to the right are appreciated by the left occipital lobe, and vice versa.

Certain areas of the brain we must still call silent because of our ignorance of the functions which take place there. These areas of the brain do not react to electrical stimulation.

Epileptic Seizures.

Without further anatomical discussion, I will describe to you a few types of epileptic seizures arising from different areas of the brain. Let us consider a lesion which is present in the hand area of the *motor gyrus*. The first evidence of an attack will probably be movement of the thumb and forefinger. This may gradually spread, causing movement of the arm, and then, thanks to involvement of the frontal adversive field, turning of the head and eyes to the right, that is, toward the convulsing side. This may then spread to the right face and to the right leg. In general, it should be remembered that lesions of many different areas of the brain cause the head and eyes to turn. When they do so, this movement is toward the opposite side, as though the irritation were driving the head away. The movement is one of looking and may be mistaken for a voluntary effort on the part of the patient to see something on the opposite side of the body.

Suppose a lesion lies in the *post-central* gyrus in the face area, the patient will have an aura or warning sensation. He will feel tingling in the opposite side of the face.

† By stimulation is meant electrical stimulation. Two electrodes of bare wires are touched to the surface of the brain. This causes a galvanic current to pass from one wire to the other through the brain and "stimulates" the nerve cells lying between to normal activity. If a strong faradic current be thus passed there may result abnormal or epileptic discharge in those cells.

This may be followed by tingling in the arm and hand, and even in the leg and foot, or also it may be followed by convulsive movements of the face and then the arm. Turning of the head and eyes, if it appears, comes only after a considerable spread.

Suppose a lesion lies in the *frontal adversive field* of the left side. The head and eyes will turn to the opposite side first. This will be followed in time by convulsive movements, usually in the arm, but often beginning in both arm and leg of the opposite side almost simultaneously.

Suppose now a lesion lies far forward in the silent portion of the *frontal lobe*. The patient may seem dazed for a moment, and this may be followed by turning of the head and eyes to the opposite side; in some cases I have seen the turning last so long that the patient turns about in his tracks two or three times before falling. This may be followed then by convulsive movements.

Suppose the lesion lies in the left *occipital lobe*. The patient may see lights which he interprets as being in his right eye or lying to the right side; such lights are usually red or green or without colour. This will probably be followed by turning of the head and eyes to the right. The progress of the attack then will depend a good deal upon whether the irritation spreads downward into the temporal lobe or straight across into the motor area. Or the transition may be so rapid that only the eventual generalized seizure may be recognized.

Attacks which arise in the *temporal lobe* are of the greatest interest. The patient often feels an "aura" or warning of a curious sensation in the epigastrium. This may in turn be followed by a curious dream state characterized by a feeling of strangeness or of having seen it all before. Such attacks are also associated with disagreeable smells or tastes. If they advance to the convulsive stage there is usually movement of the lips, as in mastication, and this may be followed by a generalized seizure and by turning of the head to the opposite side.

It is impossible to go into all of the patterns which may be found in epileptic seizures, but you will see at once how important an accurate and careful description of an attack seen by an intelligent nurse is. The relatives and friends of the patients are usually so upset emotionally by an attack that they cannot remember which side the head turns to, which hand moves first, what the patient did first, and if they do tell you their report is often wrong. Therefore, the description of the attack should be written down at once in full detail without any attempt at interpretation.

If you see an attack, watch it, and after it is all over write down a detailed description and answer the following questions:

What was the patient doing before the attack began?

What was the expression on the patient's face?

What were the first convulsive movements of the hands, feet or eyes, etc.?

Did the mouth pull to one side—which side?

Did the head and eyes turn?

Was the patient still able to make any voluntary movements during the seizure, and with which hand did he seem to make voluntary movements?

Did the patient grow pale, flushed or cyanosed?

If the patient calls out before an attack or indicates that something is wrong, ask him quickly what he feels. You may thus learn what his aura is before the convulsion appears. He may forget the aura afterwards.

In a generalized convulsion, place

something between the patient's teeth to prevent his biting his tongue (throat stick, spoon or towel). Note what happens to the pulse, if possible, during the seizure; sometimes it may disappear altogether. If so, does it return before convulsive movements stop?

But whatever you do, observe and record the beginning of the attack. Most patients sleep after an attack. Very occasionally they may get up and wander about in a disoriented, automatic fashion. If this continues, send for help, and oppose them only if they are likely to do themselves harm.

Finally, the capacity for accurate, intelligent observation of a patient, an understanding of what is important to observe and the ability to describe observations in concise English—these are the qualities upon which we depend in nurses and without which it is impossible for us to carry out an effective study of a patient suffering from the curse of epilepsy.

A NURSE AS HEALTH CONSULTANT

Canadian nurses in general, and the members of the Victorian Order of Nurses in particular, will be pleased and proud to hear of the appointment of Miss Elizabeth Smellie, R.R.C., Chief Superintendent of the Victorian Order of Nurses for Canada, as Honorary Consultant in Public Health Nursing to the Ontario Department of Health.

This appointment, the first of its kind in Canada, is in itself an official governmental recognition of the value of nurses as health counsellors. The choice made by the Minister of Health, the Hon. Dr. John M. Robb, could not have been more fitting. In the current *News Notes* repeated reference is made to the pleasure and profit derived by nursing groups, all over the country, from the periodical visits made by Miss Smellie. She brings to her new task, not only a fund of knowledge and a rich and diversified experience, but also a personal dignity and charm which will ensure a sympathetic hearing of her views on health matters. The *Journal* joins with the nurses of Canada in felicitating her on this new honour.

MISS WEBSTER OF THE M.G.H.

J. KEITH GORDON, B.A., M.D., F.R.C.P.(C.), Montreal

In the year 1822, Thomas Webster, with his wife, Barbara Helm, and two children, set out from Cold Kirby, Yorkshire, England, to make their home in Canada. Our knowledge of the subsequent events in the lives of these pioneers is limited to the scant record of their choice of Cobourg, on the shores of Lake Ontario, as a place of settlement, that they were blessed with eight children, and that Thomas Webster died at Grafton, not far distant from the town of Cobourg, in 1879, his wife having predeceased him in 1873. John Thomas Webster, the youngest of this brood, became a merchant in the village of Grafton, where he met Electa Smith, whose spirit of adventure had prompted her to forsake a life of comparative luxury in New York State for the teaching of school children in what was then the Canadian backwoods. They were married on February 3, 1863, and on December 10 of the same year a daughter was born to them. She was christened Jennie. In fairly rapid succession there followed six children, equally divided as to sex, so that it is probably safe to assume that there circulated at a relatively tender age an abundance of the hormone of maternal instinct in the eldest offspring's blood stream.

Courtesy, Alumnae Association
The Montreal General Hospital

Her perfect attendance at the village school was a result of her parents' persistence rather than any pleasure that she herself derived from it, for she was not a natural student, and found "book learning" difficult. She preferred the role of first assistant to her mother; and when there was illness in the family she invariably took complete charge of the nursing duties — a function she performed naturally, rather than through any feeling of heroine-worship for Miss Nightingale or her pupils, who at this time were attracting world-wide attention. Possessed of capable hands, strong wrists, and an almost inexhaustible supply of energy, the seed that in due course was to blossom into a great nurse found rich soil for its nourishment in the family life of a small Ontario settlement in the early '70's.

When Jennie was twelve years of age, the Websters migrated to the town of Cobourg, where she continued to attend the public schools, and, at the age of fourteen, passed her entrance examination to the

Institute of Public Health
Faculty of Public Health of the

Model School. The principal, Dr. Sprague, marked Jennie as a promising disciple, but even at this immature age she had formed very definite ideas in regard to a career, nor were the embers of this ambition dampened by the return to Cobourg at about this time of a graduate of the Training School for Nurses of the Toronto General Hospital and who chanced to be an intimate friend of the Webster family. There was, however, one obstacle to cross before her dream of becoming a graduate nurse could be realized, and that was the very firm and unrelenting opposition of her father. He was not adverse to her becoming engaged in a gainful occupation, but since she was closer to the centre of his affections than any of her brothers or sisters, he could not be reconciled to the prospect of her departure from home. One may definitely state that it was not any lack of domestic happiness nor want of parental affection that brought about Jennie's decision to take up nursing as a vocation.

It would almost have appeared that Providence was to deprive her of her great wish when, in her seventeenth year, she was stricken with that dread disease which "cripples the arm of the workman at his bench and makes a perpetual invalid of the child at play"—rheumatic fever; but she was attended in her illness by a practitioner of medicine who insisted on a prolonged rest in bed, and so through the combination of good medical treatment and a resistant cardiovascular apparatus none of the dread sequellae of this disease made themselves apparent, and before very long she was "as good as new".

In the autumn of 1892 the long-waited opportunity presented itself. It was arranged that she should pay a visit to Montreal. Although at this time the Training School for Nurses conducted by Miss Norah Livingston in the Montreal General Hospital had been in existence for but two years, its fame had spread abroad, and on her arrival in Montreal, Jennie lost no time in seeking an interview with this remarkable woman. Of Miss Livingston it has been written, "She was a woman of infinite tact, had a strong sense of humour, was a good judge of character, and a strict disciplinarian. Although she was feared by her nurses, she was also respected and loved by many, for she was a just woman. She could not put up with any gross breach of discipline and 'did not suffer fools gladly'."* Those who knew Miss Livingston can imagine the apprehension with which the young applicant from Cobourg approached this austere personage, whose stern countenance and manner of speech, combined with short stature and a head of snow-white hair, made those who came into her presence feel that the counterpart of Victoria ruled with a hand of iron in the Montreal General; but the interview was successful; Jennie was accepted at once; and on December 1, 1892, she entred the hospital as a probationer.

At this time the institution had been in existence for seventy-five years. Born of the little House of Recovery, founded by the Female Benevolent Society in 1818, it occupied the present site of the hospital on Dorchester Street East, and consisted of the original building with the addition of what are now known as the surgical wings; and, though in the light of modern hospital architecture these structures are relatively obsolete, they serve to impart an air of dignity to a group of buildings that would be otherwise unadorned.

That part which was erected in 1822 and which forms the entrance to the administrative portion of the present hospital is what was re-

ferred to by Sir William Osler, in a reminiscent vein, as "an old coccus-and-rat-ridden building",† but at the time when Miss Webster entered the Training School, Miss Livingston had, among other things, succeeded in ridding the hospital of the coccus and all its fellow-countrymen, so that there existed clean wards and what, for those days, was a good nursing technique. To maintain this, in the absence of modern plumbing and sterilizing equipment, meant an almost incredible amount of work on the part of the nursing staff, and when one surveys the photographs of the nursing classes of those days, consisting of ten or twelve immaculate and tightly-bodiced ladies, the marvel is that they were able to accomplish what they did.

It is not surprising that their daily routine was punctuated by but short visits to the dining-room and that, when night came, sleep was the most welcome recreation. In this stern workshop, conducted with all the discipline of an armed camp, Miss Webster took up her apprenticeship in the art of nursing. She not only took it up, but she seized upon it. Heavy loads to be carried up long flights of stairs, large blocks of ice to be hewn asunder, and the never-ending scrubbing, polishing and cooking—not to mention the nursing care of the patients—were but child's play to her. To this arduous routine, however, she succumbed after but three months' trial. Rheumatic fever again. Fortunately a mild attack, but severe enough to warrant a five-weeks' furlough. On April 4, 1893, she returned to her duties.

From the date of her second rheumatic attack, Miss Webster lost no further time from work during her undergraduate course. She had gained the reputation of being fearless, resourceful, and dependable, so that upon her graduation in March, 1895, Miss Livingston sent for her and asked her to take the position of Lady Superintendent of the Civic Hospital for infectious diseases, and for which post she had the privilege of making a nomination. There were few institutional positions available in those days, and it is significant that the post was offered simultaneously with Miss Webster's graduation. No sooner had she agreed to accept it than Miss Livingston, with customary abruptness, presented her with one dozen hand towels—scenting perhaps the advent of the pernicious paper towel which has since become the particular delight of the hospital administrator and the abomination of the medical profession—summoned a cab, and wished her success in her new surroundings.

The Civic Hospital was situated on Moreau Street, and its maintenance was provided for by the city of Montreal. It was divided into two separate and complete establishments; one for French-speaking patients under the care of a Catholic sisterhood, the other for the English-speaking, with Dr. A. T. Bazin as Medical Superintendent, Miss Webster as Lady Superintendent, Miss Lynch (of Victorian Order fame) and Miss de Taube, who later became the wife of Dr. David Patrick, as assistant nurses. The two years spent in this hospital were tolerably happy ones for Miss Webster. Youthful patients, the perils of cross-infection, and the miraculous results obtained in the first controlled series of antitoxin-treated cases of diphtheria in the city of Montreal, combined to thwart any attack of home-sickness for the "old General". Then came the small-pox epidemic of 1897, and the city, hard-pressed for hospital accommodation, converted the Civic into

an emergency quarantine station. An entirely new staff suddenly assumed command, and before Miss Webster could assemble her personal belongings, the ground adjacent to the hospital was littered with patients waiting for admission. The natural sequence of this development was that she should take up private nursing duty, and since she was already well and favourably known among the English-speaking doctors of the city she found ready and constant employment. The comparative independence that this occupation allowed was welcome to her, and she learned how to cope with problems that had not presented themselves to her as a veritably cloistered nurse.

She had just completed two years of active service as a "special" when there came a call that was to prove the beginning of a career that is probably unique, so far as Canadian nursing is concerned. Miss Baikie, who for twelve years had acted as Night Superintendent in the Montreal General, had resigned, and Miss Livingston, without hesitation, sent for "Webster". The interview was as brief and satisfactory as had been the previous ones between these two women, and on May 14, 1900, Miss Webster succeeded to the post which she was to occupy for thirty-two years of unbroken and devoted service.

The duties of Night Superintendent of the Montreal General have never been clearly defined, the reason being that their multiplicity would make enumeration difficult, if not impossible. It is obvious that, in order to perform these duties in a capable manner, she must possess infinite tact, a complete knowledge of the fundamentals of nursing, and great physical strength. With all these, Miss Webster was well equipped and, in addition, she had other highly-developed qualities that were almost equally valuable to her in her work —great kindliness of heart, a keen sense of humour, and an amazing capacity for dealing with unruly patients.

It is worth noting that she has always shown a marked predilection for the male of the species, almost to the point of being a woman-hater. Although not unfair in her treatment of nurses under her jurisdiction, it is a well-known fact that she was always free with her criticism of them and sparing in her sympathy. On the other hand, she was the self-appointed mother of the resident medical staff, on whom she showered her affection, and her kindly and valuable advice, her unceasing attendance upon them in sickness, her ready wit, and her great example of service will never be forgotten by those who have had the privilege of being one of "her boys", as she called them.

The high pinnacle upon which she placed man showed itself in all her work. She referred constantly to "my doctors", and it is well-known that when a group of injured firemen were admitted to the wards, as was frequently the case, her attendance on all other matters was of secondary consideration. She knew a great many of the city police by name, and was on particularly intimate terms with the members of the detective force, to whom her knowledge was at times extremely valuable.

Although not outwardly a pious woman, she was at heart deeply religious, and seldom missed evening service at the Emmanuel Congregational Church. She was not a reader, and thus with virtually this one form of recreation she turned night into day for a period of thirty-two years during which time she lived and laboured within the same four walls. All this suggests

an extremely dull and monotonous existence, and so it might have been had she not loved her work—not the academic or theoretical side of it, which she was inclined to belittle, but the practical nursing of the sick-room, wherein she found outlet for an overwhelming mother instinct that might have been smothered by celibacy.

When the walking sick that crowd the out-patient clinics during the hours of daylight have departed, and only a dim light burns here and there throughout the wards, it might appear to the casual observer that the hospital has gone to sleep, but this impression is soon dispelled if a visit is paid to that region where Miss Webster has commenced to receive her blood-soaked and belligerent guests; for at this hour the brothels and dark streets of an unsavory neighbourhood have begun to cast up their wreckage.

The arrival at the hospital of this type of patient is invariably attended by a morbidly inquisitive mob and a great deal of shouting on the part of the injured warriors and their seconds. Efforts on the part of a group of hospital orderlies to quell the riot are unsuccessful and only on the appearance of a very efficient-looking woman does order reign. The crowd disappears as if by magic and the patient becomes at once docile and even amicable. An accurate description of her prowess under these conditions is found in Treves' "The Old Receiving Room".‡ In describing the nurse in charge, he writes: "She was possessed of much humour—abrupt yet not unkindly in her manner, very indulgent towards the drunkard and very skilled in handling him. She was apt to boast that there was no man living she would not stand up to. In the personnel of the hospital staff of half a century ago she was an outstanding figure, yet now she is as extinct as the dodo."

There are again those who came to call upon her under pretext of some physical infirmity and with a faint hope in their hearts that she may be persuaded to offer them a comfortable bed for the night, but her diagnosis of the true condition is seldom wrong. Conspicuous among this type of visitor is a gentleman by the name of Jimmie Cochrane, who at regular intervals makes his presence known by throwing his cap upon the floor and proceeding to utter a series of shrill cries until Miss Webster arrives and solemnly inspects an imaginary disease of the foot, feeling perhaps that she can never compensate him for the loss of an artificial eye which she destroyed while attending once to his needs in the "Outdoor". Or perhaps "Jumping Charlie", who welcomes the scientific curiosity evinced in his hyperresponsive state because it means to him free board and lodging, has asked to see her in order to return some valuable piece of scientific apparatus that he has pilfered from the hospital and has been unable to convert into cash. He expects her admonishment, but he knows that she will not turn him over to the police. If on any particular night she may have more than the ordinary number of cases of this type to deal with, she will only appear a little more brusque of manner or perhaps remark to a passing interne, "Doctor, Cadieux Street's awful tonight". And on nights when Cadieux Street, which forms the eastern boundary to the hospital, has been exceptionally "awful", she has been known to leave the hospital unescorted and to deliver a lecture to the offenders on the sinfulness of disturbing sick patients.

In spite of these diversions, she is aware of the condition of each inmate and attends personally to

the special nursing care of many. Her nightly visit is eagerly awaited by every patient, from the child who asks, "When is Mrs. Webster coming around?" to the senile derelict who looks forward to the words of encouragement which have given to so many sufferers the will to recover.

The following episode, which takes place in one of the surgical wards, is an example of the confidence her presence inspires. She has been called by the undergraduate nurse in charge to see a patient who has been shot through the lung and who is demanding a sedative; she has reached the bedside and has shone her flashlight upon the bandit's victim, whereupon the following dialogue ensues: "What's the trouble?" she asks. "I am so nervous," answers the recipient of the bullet. "What are you nervous about? Aren't you as safe as you can be in this hospital and aren't you warm and comfortable in that nice clean bed?" "Are you going to be here all night?" he asks. "Of course I am going to be here. Where did you think I was going to be—in New York?" On this assurance, the patient soon falls into a restful sleep, while her uncanny clinical sense has saved her a long walk to the internes' quarters to rouse some "house man" from his well-earned rest.

Crossing the threshold of the sleeping interne, however, is a prerogative which she exercises without mercy, for so true is she to the ethics of her cult that she will not administer the most harmless drug without a doctor's order; and if she shall decide to summon aid there is usually good reason for it, for many years of close contact with a variety of sick patients has imparted powers of diagnosis and prognosis that rarely fail, though she may employ clinical methods which are not described in the standard works of reference. Then there is a typhoid bath to be given—she has administered as many as thirty-two in one night—for which her only reward for so laborious a procedure is to see a fall in temperature and muddy-coloured flesh become pink. And so on throughout the night, at the end of which she sits down to compose her meticulous "Night report", which includes everything from the threatened self-destruction of an irrational patient to the description of a cheap ring removed for safekeeping from the finger of a dead sailor.

On the few occasions when she indulged in the dissipation of going out during the day, she was greeted on all sides by past patients of the hospital, many of whom, as was to be expected, she could not recall by name. She was very tactful under these conditions, however, with the exception of the occasion when a gentleman in a street car appeared to be so extremely disappointed at her failure to recognise him that she endeavoured to placate him with the remark, "I didn't know you with your clothes on", which caused such great mirth among the occupants of the street car and so much embarrassment to Miss Webster that she was forced to descend at the next stop.

On May 14, 1925, Miss Webster celebrated her twenty-fifth anniversary as Night Superintendent to the General Hospital. On this day she received letters of congratulation from all parts of the Dominion, one of which, in almost illegible hand-writing, was the last that "a little grey lady" ever penned. It read as follows:

"Windy",
May 13, 1925.

My dear Miss Webster,—

Many happy returns of the day. It seems but yesterday that we

made the final arrangements for your entering on your duties as Night Superintendent — a trust which you have never betrayed. What a record!

Goodbye. God bless you.

G. E. N. Livingston.

In the early part of January, 1933, Miss Webster shocked everyone with the announcement that she was resigning her position forthwith in order to take charge of her two nephews, suddenly bereft of parents. The first feelings of grief at her departure were tempered by reflection on the fact that she was leaving the hospital with her colours flying and that the call to another field of action was one which her sense of duty and kind heart could not refuse. She was asked by the attending medical staff to sit for a portrait by the celebrated artist Alphonse Jongers, which, on its completion, will be hung in the Nurses' Home. A leather-bound book is to be presented to her also, containing a facsimile of the portrait and the signatures of the attending staff and past internes of the hospital. The Alumnae Association presented her with an appropriate gift at a special meeting called for that purpose. The local press published glowing tributes to her career and expressions of regret at her departure, but perhaps the greatest tribute to the high esteem in which she was held was a reception given by the members of the training school, and which throngs of citizens in all walks of life attended, even to a representative from the Montreal Police Force.

Now she has left to continue her vocation in but a more restricted field, the leisure of which will permit of activities that for many years have been precluded, and which will in a measure compensate for the yearning for her old hospital, which she will be certain to experience at times. And when the inevitable day shall arrive, there will be no more appropriate valediction than the words of a great physician who was also a product of the hospital to which she gave the better part of her life: "You have been much by the dark river—so near to us all—and have seen so many embark, that the dread of the old boatman has almost disappeared, and

When the Angel of the darker Drink
At last shall find you by the river brink,
And offering his cup, invite your soul
Forth to your lips to quaff—you shall not shrink:

your passport shall be the blessing of Him in whose footsteps you have trodden, unto whose sick you have ministered, and for whose children you have cared."§

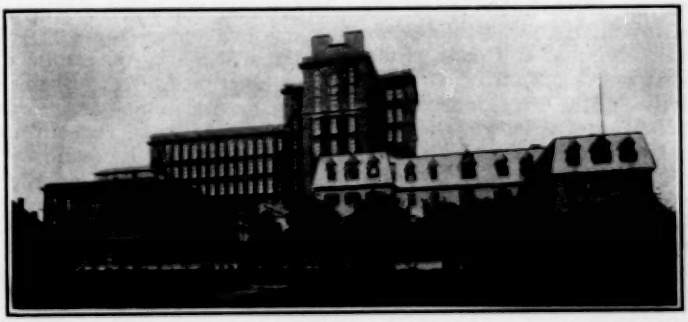
REFERENCES

* Shepherd, *Origin and History of the Montreal General Hospital,* Gazette Printing Co., Montreal, p. 23.

† Osler, *The Medical Clinic,* B.M.J., January 3, 1914.

‡ Treves, *The Elephant Man and Other Reminiscences,* Cassell, pocket ed., 1928, p. 66.

§ Osler, *Aequanimitas with Other Addresses,* Blakiston, 2nd ed., 1920, p. 20.



THE SURVEY IN TERMS OF RESULTS

In the April issue of *The Canadian Nurse** a brief progress report was given concerning the activities of the Provincial Joint Study Committees. This month it is already possible to speak in terms of results. In the official *Gazette* of the Province of Saskatchewan, which appeared on February 15, some revised regulations affecting nursing practice and education are promulgated. These regulations are of such importance that they are here given in full.

All graduate nurses employed on a hospital staff shall be registered in the Province of Saskatchewan. All hospitals shall employ at least two fully qualified graduate nurses registered in the Province of Saskatchewan, one of whom shall be the matron. There shall at all times be at least one such duly qualified graduate nurse on duty. Saskatchewan registration will be required after January 1, 1934.

No training school for nurses shall be established or conducted in connection with any hospital unless:

(a) There are at least four registered medical practitioners resident within an area of two miles of the hospital, all of whom practice in the hospital;

(b) The hospital has an authorized adult bed capacity for at least seventy patients; and

(c) The hospital has a daily average of forty-five patients;

(d) There are at least three graduate nurses on the staff.

Academic qualifications for admission of student nurses shall be Grade XI or its equivalent as recognized by the Department of Education of Saskatchewan.

The provisions of this section shall come into force January 1, 1936.

This advance on previous standards is so remarkable that the means by which it was made possible are of equal interest. Four questions were submitted to Miss Elizabeth Smith, President of the Saskatchewan Registered Nurses Association, and her replies give such a striking picture of how the changes were brought about that both questions and answers are here quoted in full.

Was the Survey Report a factor in the situation? If so, how and to what extent?

Everyone concerned feels that the Survey Report most definitely was a factor in the situation, in that it pointed the way.

Did the changes come about as a result of the activities of the Provincial Nurses Association?

The Provincial Nurses Association was instrumental in having these changes brought about. The following resolutions were passed at our last Annual Meeting, held in Saskatoon in March, 1932, and were forwarded to Dr. Middleton, Deputy Minister of Public Health:

(a) That the minimum academic requirement for admission of student nurse be Grade XI or its equivalent as determined by the Provincial Department of Education.

(b) That a hospital, before being permitted to conduct a School for Nurses, should have a minimum adult bed capacity of seventy beds and a daily average of forty-five patients, exclusive of cots.

What nurses took a leading part?

I do not feel that it would be fair to say that any one nurse or group of nurses was particularly responsible. These matters were fully discussed in Council meetings, and the General Meeting quite evidently felt that such changes would be in the best interests of the profession. These resolutions, when presented to Dr. Middleton, were fully discussed with him and our reasons given supporting the need for such changes. While the Provincial Nurses Association was instrumental in effecting these changes, we are aware that such changes in the hospital regulations could not have been accomplished without the co-operation of Dr. Middleton.

The courage and energy of the Provincial Nurses Association and the unwavering support of the Deputy Minister of Public Health have brought about reforms which are a credit to Saskatchewan and an incentive to increased effort in other parts of the country. The indomitable pioneers of the West have broken new and fertile ground. May the harvest be worthy of their sowing.

* See the Survey in Terms of Action, "The Canadian Nurse," April, 1933, p. 187.

A GENERAL HISTORY OF NURSING

LUCY RIDGELY SEYMER:

An appreciation of Mrs. Seymer's outstanding work

By MAUDE E. ABBOTT, B.A., M.D., Montreal

The appearance of this book is a distinct event in the field of Nursing Education. As its title implies, it presents a general survey of the development of nursing in all parts of the civilized world, from its relatively simple origins in the altruism or religious devotion of scattered individuals or units, to the vast humanitarian organisation that constitutes the sphere of activity of this profession as we know it today. Seen as it is here in actual historical perspective, one cannot but be profoundly impressed by the extraordinarily rapid growth and expansion of this progressive movement, that received its first great impetus from the work of Florence Nightingale and her immediate predecessors and that is still advancing, with increasing momentum and in an ever-widening radius, for the welfare and physical betterment of the race.

The pioneer in this subject has been, of course, Nutting and Dock's great *History of Nursing,* first published in 1907 (synopsized and brought up to date in successive editions of Dock and Stewart's excellent *Short History of Nursing*), which remains a classic, the value of which can never be superseded by any later publication. Mrs. Seymer's book, however, follows along the same lines and is likewise written from a broad cultural background and its pages are touched with the same fire of enthusiasm for a great cause that has given the earlier work an acknowledged place in so-called "inspirational" literature. Based upon an intensive personal research and brought up to date by a review of recent developments since the Great War, it reveals also a depth of erudition that manifests itself in the elimination of non-essentials and the clear evaluation of the forces making for progress. The result has been a concise and authoritative record of the march of events of fundamental importance, while the bibliographic footnotes with which nearly every page is enriched make this a veritable source-book. One arises indeed from its perusal with the consciousness that here at least we have seen history in the making and have felt the "mighty rushing wind" of progress in concerted action sweeping on from those first small beginnings that shine on the dim horizon of the past to a yet vaster consummation. For the end is not yet, nor is the peak attained.

Finally, not the least important feature of this book is the fact that its author is an Englishwoman and a graduate of the Nightingale School of St. Thomas' Hospital, whose life has been passed and training obtained in familiar contact with the great sources of British Nursing; and that these have been brought at first hand into correlation with the splendid contribution of the modern American School, through the revision of this part of the book by so able an authority as Miss Nina L. Gage, is in itself an achievement, constituting a combination that is in a sense

"A General History of Nursing," by Lucy Ridgely Seymer, M.A. (Oxon), S.R.N. Revised for American publication by Nina L. Gage, M.A., R.N. (MacMillan Company, New York, 1933. 317 pages, 37 illustrations. Price, $3.30.)

epoch-making and that will make this book a necessary part of every Nurses' Library.

Comparison of the text of the American edition which we have the privilege of reviewing here, with that of the English one, shows that the printed matter in both is identical and they have appeared simultaneously, so that Miss Gage's "revision" has evidently been that of collaboration upon Mrs. Seymer's unpublished manuscript in so far as this applied to American nursing and Nursing Education movements. The only point of difference in the two editions which we could notice is the treatment by the publisher of the very excellent illustrations, which are placed together at the back of the volume in the English book, and in this American volume are distributed through the text. This latter arrangement would, of course, have been an advantage if more care had been taken to place these in apposition to the printed matter to which they refer, but this has not always been done. Most of the pictures are from photographs of recent developments in different parts of the world, but there are also a number of quaint and interesting reproductions from old sources that have not previously appeared in any other History of Nursing.

The following brief outline of the contents of Mrs. Seymer's book will be of interest to readers of *The Canadian Nurse*:

Under the first chapter, entitled "Origins", the subjects of medicine and hygiene and of nursing, in so far as anything of the latter is known, under the older civilizations of the world are briefly considered. The confusion of medicine with magic, so dominant in the mind of the primitive savage, is shown to have persisted in the ancient systems of Egypt, Babylonia and Assyria, and Greece, as well as to a certain extent in classic Greece and Rome. Among the Jews, on the other hand, ideas of medicine were confined, as far as can be gathered from the Old Testament and Talmud, almost entirely to the enforcement, by strict regulations, of personal and social hygiene and to such visiting of the sick as took place in the practice of the systematic charity which their religion enjoined. Of all these it is said, "A most remarkable feature of ancient medical writings is the scant attention paid to that very important factor in modern treatment—the nurse." Hindu medicine alone of the ancient systems appears to have clearly recognized the function and duties of the nurse, and many interesting quotations are given here describing what her qualifications and code of ethics must be, the qualities of the "Ideal Doctor", the religious observance of all that related to personal hygiene and even the establishment of village hospitals for the safeguarding of national health.

With the great figure of Hippocrates in Greece (5th century B.C.) the era of scientific medicine and also perhaps of nursing may be said to have dawned, but we know nothing of the latter until the birth of Christianity, "when the history of nursing first becomes continuous and our records, hitherto fragmentary, now follow uninterruptedly down to the present time". In the second chapter, which is devoted to the development of nursing within the early Church, there is a careful study of the records available upon the status of the Deaconess, both in her clerical connection and in relation to the sick and needy, but relatively little exact information as to the latter point, which chiefly interests us, seems to have been available, "though there is evidence enough to show that nursing was exclusively confined to this

order and that of widows". The balance of this chapter is devoted to "Early Christian" and "Monastic Hospitals". Of much interest in the latter connection is the account of the *xenodochium* at Constantinople in the beginning of the twelfth century. This held only fifty beds, but was surprisingly well equipped and was highly staffed by head physicians and their assistants, "female assistants and supernumeraries", "one female doctor" and two "night watchers". No word is mentioned of any training being given to the male or female attendants, but the care of the sick was certainly above the average.

Chapter III is concerned with Hospitals and Nursing in the Middle Ages. In the twelfth century, a definite separation took place between establishments intended for sick persons only and those destined for the care of the aged and indigent. Nursing was still, however, considered a religious duty rather than a civilian responsibility and an intimate connection with the Church and its institutions coloured the whole organization and work of these mediaeval hospitals. The various religious orders that developed at this time out of the earlier monastic system are described as falling briefly into three groups: The Military Nursing Orders, which included the Knights Hospitallers of St. John of Jerusalem, under which the flower of European chivalry enrolled, and the prestige of which was so great that it is said to have influenced all future hospital organization; the Teutonic Knights, powerful chiefly in Germany; and the Knights of St. Lazarus, devoted to the care of the lepers, whose painful plight in mediaeval Europe is here briefly discussed. The Secular Nursing Orders, so-called to distinguish them from the Orders with perpetual vows, and among which are enumerated, in addition to the Tertiaries of St. Francis and the Beguines, the Santa Spirito and the Oblates of Florence, the Cellites for the care of the plague-stricken, the Antonines for "erysipelas", the Humiliati for lepers, etc. As representative of the Regular Orders, the rule of the Augustinian nuns, the first purely nursing order in existence and which had charge of the Hôtel Dieu of Paris since its foundation, is here described in some detail.

In the 16th century (Chapter IV), the effect of the Reformation made itself felt, especially in England, where the collapse of the monastic system following upon the Dissolution by Henry VIII, put an end to the ecclesiastical care of the sick and led directly to the beginning there of civilian control of the larger London hospitals and to lay nursing, a system which is said to have become more and more defective in the three succeeding centuries. On the continent, the great Hôtel Dieu de Lyon likewise passed under the control of a band of lay rectors. Here, however, religious activity continued within the Church and various new nursing orders arose, such as the Brothers of St. John of God in Spain for the care of the insane, the Sisters of Mercy of St. Charles Borromeo, the Brignoline of Virginia Bracelli, who nursed plague-stricken Genoa, and, most famous of all, the Sisters of Charity of St. Vincent de Paul, who developed under the devoted administration of Mlle. le Gras. Nursing in French Canada took origin in the same wave of religious fervour. These noble influences, however, gradually waned and the 18th century passed into that time of social stagnation and distress described by Nutting and Dock as the "Dark Period of Nursing". This, however, led directly to the splendid attempts at reform of Pinel and John

Howard and other philanthropists, who left a lasting impress.

The advent of the 19th century (Chapter V) brings us to the threshold of modern times, and to those early movements for nursing reform that presaged and in a sense culminated in the great achievement of Florence Nightingale. In addition to the work of Pastor Fliedner and his two devoted wives, of Elizabeth Fry and Amalie Sieveking, a valuable account is given here of the two Roman Catholic orders in Ireland, the Sisters of Mercy, who founded the Mater Misericordia Hospital in Dublin and an English branch at Bermondsey and the Mercy Hospitals at Chicago and Pittsburgh, and the Irish Sisters of Charity. Also of the various Anglican sisterhoods organized at this time for the purpose of visiting the sick, notably the Park Village Community, the Sisters of Mercy of Miss Sellon at Devenport, the Order of Saint Margaret founded by Dr. Neale, etc. More important than any of these and an outstanding landmark in the nursing history was the founding in 1848 of St. John's House. This was the first purely nursing order in the Church of England and it had a definite plan of training whch included two years at Middlesex or Westminster and later at King's College Hospital. The All Saints Sisterhood had also a highly creditable record; it carried on the nursing at University College Hospital from 1862 to 1899 and gave the first Superintendent to Bellevue Hospital, New York. Several American sisterhoods are also mentioned, as also La Source at Lausanne, described here as the most interesting and original of all these attempts. It was founded in 1859 by the Comtesse de Gasparin and was the first endowed Training School.

The life and work of Florence Nightingale, with its early dramatic climax in the "Crimean episode" and her later herculean labours for parliamentary reform of army medical and sanitary abuses and the final outcome of all in the establishment and subsequent development of the Nightingale School at St. Thomas' Hospital, is familiar ground (Chapters VI and VII). The regeneration of nursing and its final establishment as an art and a trained profession took form as a direct result of her organizing genius and perceptive insight, in the middle nineteenth century, contemporaneously with the great revolution in surgery and the evolution of social science in England following upon the Industrial Revolution. Modern hygiene and sanitation were likewise developing and the Red Cross itself took form only three years after her return from the Crimean battlefield (Chapter VIII), which is called here the cradle of modern nursing. The World War left almost as great an impression, for, following upon the Cannes Conference and the establishment in 1919 of the Nursing Division of the League of Nations with the avowed object of establishing Training Schools in countries where none existed and of bringing these to the highest professional standard, national and international organization has proceeded far and wide over the globe with astonishingly brilliant results.

The further expansion of the field of nursing education and activities and its advancing recognition as an essential factor in all modern social science and public health movements occupy the last half of the book and constitute the strongest part of its content, which is pregnant of great events, present and to come. Space does not permit of any detailed description of these, nor would this be desirable

here, for these are matters that should be studied at first hand. A few words outlining the general treatment of the material will, however, be in place, for this is both lucid and informing. Under the Development of Training Schools (Chapters IX and X), five systems are differentiated, all dominated by the same high standard of professional education; these are, briefly: The Nightingale Plan, followed in the Training Schools of Great Britain and the Dominions with the exception of Canada, in the Scandinavian countries and in Palestine under the British mandate; the American System, in use in the United States and Canada; the Mother-House and Continental Systems; and that followed in the pioneer hospitals in India. Under "Nursing Education and Curricula" (Chapter XI), successive steps are traced: (1) in the gradual extension of the time of training to three or even four years; (2) establishment of Preliminary Courses which are now practically universal on this side of the water and have been introduced also in most of the hospitals of Great Britain and in some on the Continent; (3) University affiliation, under which it is interesting to note that the first five-year course leading up to the degree of Bachelor of Nursing was established at the University of Minnesota as far back as 1910, and that the degree of B.A. in Applied Science after a five-year course in Nursing was instituted at the University of British Columbia in 1919, being the first in the British Empire, while Yale University received $1,000,000 as its endowment of its Department of Nursing from the Rockefeller Foundation in 1929; (4) Refresher courses, post-graduate courses and other departures are further enumerated.

The great subject of Public Health Nursing (Chapters XII and XIII) is compressed into 45 pages, which cover, (1) the special forms of training instituted or required, as in the case of the British Health Visitors under courses approved and examinations set by the Royal Sanitary Institute; and (2) Organization, which includes District and Rural Nursing, Maternity and Child Welfare work, School Nursing, Tuberculosis and Venereal Diseases care, Industrial Nursing, "which offers boundless scope for originality in a vast field still uncovered", and Hospital Social Service. Psychiatric Nursing (Chapter XIV), "which stands today on the threshold of a further development rich in almost unlimited possibilities" through participation in the preventive domain of Mental Hygiene, is the subject of an interesting chapter, which includes, by the way, a rather unusual subsection on "Men Nurses".

Finally, the important subject of State Registration with its corollaries of Nurse Representation, minimum curriculum and inspection, and that of Nurses Organizations, culminating in that of the I.C.N., conclude the volume. It is completed by several valuable appendices and a good bibliography.

LETTERS TO THE EDITOR

Toronto, March 18, 1933.

My Dear Miss Johns:

I hope you may be glad to learn that, for some time, I have desired to send you a congratulatory note relative to the very important and responsible position you have recently assumed: the editorial chair of *The Canadian Nurse Magazine.*

First of all, I should like to tell you that the appearance of the March number, decked in Spring attire, both seasonable and attractive, has proved an inspiration. Then, too, I was much gratified to read your recognition—too long delayed—of the fine work performed by the first Editor of our *Journal,* my honoured friend Dr. Helen MacMurchy, her assistants and successors, to whose arduous and persevering efforts we are surely greatly indebted, more especially when one considers what was involved in editing and publishing yet one more magazine in the year 1905, prior to the organization of the Canadian Nurses Association.

The 28th anniversary of our *Journal* was an auspicious and dignified occasion on which to commemorate the great service rendered by all those who gave of their time and talents to the carrying out of this much desired project.

And just here I am impelled to say—and I trust you will agree—that were such available, I think Miss Jean S. Wilson merits some very special D.S.O. for the courage and loyalty she has displayed these many years in her earnest endeavour to perform adequately the duties of the dual position of Secretary and Editor.

And what shall I say to our new Editor, to whom at this very moment, both opportunity and responsibility beckon? Just this: "Fear thou not. Who knoweth whether thou art come to the kingdom for such a time as this?"

True, in all our Schools of Nursing, small and large, the old order changeth, and therefore I pray you may be guided by the Wisdom that is from above. This, we are told, is first pure, then peaceable, gentle, and easy to be entreated, full of mercy and good fruits, without partiality, and without hypocrisy.

In closing, may I repeat the words of Florence Nightingale, when parting from a friend of mine many years ago? *"Into the future open a better way".*

With every good wish,

Very sincerely,

Mary A. Sinclair

THE EDITOR'S DESK

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The Crisis in Education

The willingness and ability of nurses to face and to try to solve their educational and economic problems have never been questioned even by the severest critics of the nursing profession. During the past four years, the small measure of economic security they acquired in times of prosperity has been seriously undermined. Yet in spite of difficulties which might well have taken the heart out of them, they have held fast to certain standards in education to which slowly, and in the face of considerable powerful opposition, they have managed to attain.

Canadian nurses naturally looked to Canadian Universities to help them in their struggle to obtain educational opportunity for the preparation of teachers and supervisors in all branches of nursing. The University of British Columbia was the first to grant such privileges, and in rapid succession, McGill University, the University of Toronto, the University of Alberta, and the Western University followed suit. In other Universities, even where no regular Department of Nursing existed, there was nevertheless a disposition to provide, by means of short courses and institutes, a considerable degree of educational opportunity.

It must be freely admitted that these experiments in the higher education of nurses were not too strongly financed, and it is therefore not surprising that, when the effects of the depression became increasingly manifest, and the Universities felt the pinch, there was a natural tendency on their part to lop off everything but the major faculties such as Arts, Science and Medicine.

Most fortunately one of the best established Nursing Departments, the School of Nursing associated with the University of Toronto, has been placed on a firm financial basis for a term of years at least, by means of a gift from the Rockefeller Foundation. The others are fighting for their lives with a courage and persistence which is evidence of their inherent vitality.

After thirteen years of outstanding service to the profession at large the School for Graduate Nurses of McGill University may be obliged to close its doors, unless nurses and the friends of nursing can raise an endowment fund for its support. This is a heavy task in days like these, but not heavy enough to daunt the spirit of the women who have been students in that School and who know the true value of its contribution to nursing progress in Canada. With real gallantry they are striving to raise sufficient money to maintain the School for the next five years, in the hope that, in the interval, the required endowment fund may yet be obtained.

Students have come from all parts of Canada to this School and have returned to positions of responsibility in schools of nursing and in public health organizations. Wherever these women go about

their daily work, the worth of the McGill School for Graduate Nurses is amply demonstrated, although it is possible that neither the public nor the medical profession, nor even the University authorities themselves fully realize its potentialities.

An energetic campaign has been conducted for some months past in the city of Montreal and in the Province of Quebec. The nine provincial nursing organizations have been approached with a view to enlisting their co-operation and support. The Alumnae Association of the School has organized committees in every Province in the Dominion, which are focussing points for the efforts being made to obtain both moral support and financial assistance.

It has been claimed that while widespread unemployment and distress are as evident among nurses as they are at present, further demands should not be made, no matter how worthy the cause may be. There can be no question but that the relief of members who are actually in want, is the first duty of the nursing profession. But is there not yet another clear call to action which cannot be ignored? We have come by a long and difficult road to where we now stand. Are we to slip back or are we to make that determined and united effort which may enable us to hold the ground we have already gained, in the hope that, when conditions improve, we may go forward from this vantage point? The whole future of nursing education in Canada is at stake, and Canadian nurses must hear and heed the challenge.

The May "Journal"

By courtesy of the School of Nursing of the Royal Victoria Hospital, the *Journal* is privileged to publish, as its leading article, an address delivered by Dr. Wilder Penfield, entitled ***Epilepsy and its Interpretation.*** Remarkable insight is given into an almost untouched phase of medical and nursing practice. Coming as it does, from such a noted authority in this subject, this article merits close study by all nurses who contemplate specializing in the neurological and psychiatric field. In the February number of *The Canadian Nurse* a promise was made that more extended reference would be made to the unique record of Miss Jennie Webster, for thirty years Night Superintendent of the Montreal General Hospital. In *Miss Webster of the M.G.H.,* Dr. Keith Gordon paints a masterly portrait of one whom he justly terms "a great nurse."

Dr. Maude Abbott, herself an outstanding authority on the history of nursing, analyzes and gives high praise to Mrs. Seymer's remarkable *General History of Nursing.* Under the caption of the Department of Nursing Education, a case study by first year student nurses is presented which is not only interesting as a demonstration of teaching method, but also as a clinical record of an unusual case. Some new *Trends in Public Health Nursing* are indicated by Mrs. Helen La Malle, and in the Department of Private Duty Nursing, the future policy of that section of the *Journal* is outlined. An eminently practical discussion of *Nursing in Private Homes,* by Miss Christine Watling, will be specially useful to newly graduated nurses. The new department of *Letters to the Editor* is auspiciously opened with a letter from the Honorary President of the Canadian Nurses Association, and Notes from the National Office reflect nursing progress in every Province and give further information about arrangements for the International Congress. Taking it all round, the *Journal* is rather proud of itself this month.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

A CASE STUDY BY FIRST YEAR STUDENTS

MILDRED HUNT and WINEEN MACDONALD
Students in the School of Nursing of the Toronto General Hospital

The value of the case study method has, for some time past, been fully admitted, though its use has usually been confined to student nurses who had completed their first year. In the School of Nursing of the Toronto General Hospital certain modifications have been made which permit the extension of this method of learning to students who have recently finished their preliminary term. The conditions under which these case studies are made are described by the Supervisor of the Surgical Department as follows:

At the termination of the four-months' preliminary term, each student spends ten to fourteen days on either a medical or surgical ward. During this time she receives no class-room instruction and devotes all her time to the entire care of two patients. One of these patients is usually convalescent while the other, on the surgical wards, is a post-operative patient. These students are at all times under careful supervision. While caring for her patients, each student writes an account of the nursing care given, together with a brief summary of the knowledge of the condition and its prevention. From the nursing standpoint, stress is laid upon the three factors, physical, mental and social. The accompanying case study deals with the post-operative and convalescent care given a patient who had been operated on for removal of a spinal cord tumour and was written by two students, one nursing the patient immediately after operation, the other nursing the patient during convalescence.

An analysis of the case history presented in this issue reveals a freshness of approach, a keenness of observation, and a genuine interest in the patient as a human being which are highly commendable from an educational standpoint. In a later issue, a case study made by senior students will be presented by way of contrast. The precedent set here of having two students study and report upon the same case is an interesting one, and in this instance at least, seems to have resulted in a real collaboration.

From a teaching standpoint, it should be noted that the headings under which the content of this study is grouped have been simplified in order to render them more suitable for junior students. The standard form, used by senior students, provides for a more complete analysis of medication and treatment, and of their effects, than could logically be expected from beginners. These headings should be useful to instructors and supervisors who have not yet used the case method in teaching first year students. The patient under consideration was suffering from a tumour of the spinal cord, and the nursing history of her case, grouped under the modified headings, is here presented exactly as it was prepared by the students responsible for it.

Introduction: Patient's name, date of admission, age, nationality, occupation, single or married, children, financial or family problems.

Mrs. A., a woman of thirty-seven years of age, was admitted to the hospital on ——— of this year. She is of Scotch nationality, married, and has three children living

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LONDON

—ages nineteen years, sixteen years, and four months. One child, age sixteen months, died last year. Her husband is unemployed, her son being the sole support of the family. Her daughter, age nineteen, is looking after the home and youngest child. There does not seem to be any acute social problem at the present time and Mrs. A. seems to place a great deal of confidence in her oldest daughter.

Mental attitude.

On arriving in the hospital, Mrs. A. was in a very depressed state of mind, probably due to the fact that she had already spent some months under treatment. Her symptoms during this time had steadily progressed. Since treatment here, and improvement in her physical condition, her attitude has become markedly improved, although she still becomes discouraged at the slightest recurrence of her symptoms unless an explanation can be given.

Important facts in family, past, housing, social, marital or occupational history influencing the development of the disease; history of previous illness, operations and general health habits.

Mrs. A.'s mother is living, enjoying excellent health, her father died some years ago of heart and kidney disease; her sister has a tumour of the breast. This is all the history of disease in the immediate family. Within the last two and a half years, Mrs. A. has been pregnant twice. During this time she suffered considerable pain, especially in her back. This pain was of an aching nature and was attributed to pressure caused by the baby. For this reason her symptoms were not carefully investigated until they failed to clear up after delivery of the last baby. As time went on she experienced increasing pain in her back and lower extremities and noticed changes in sensation in the lower extremities with general debility and atrophy of the thigh muscles. Later sneezing, coughing and at last even talking caused exquisite pain, due to an increased tension of the spinal fluid. Mrs. A. has suffered from constipation for a number of years. Her general health habits are only fair and her teeth are in poor condition.

Symptoms and physical findings.

1. Pain in back radiating down right leg, increasing in severity, and brought on by movement.
2. Changes in reflexes, right knee jerk absent.
3. Atrophy of thigh muscles, but no definite motor weakness.
4. Constipation.
5. Slow bladder function, catheterization sometimes necessary.
6. Anaemia.

The physical examination by the doctor was hindered because of excruciating pain, especially in the back and lower extremities. Definite tenderness over the lower lumbar spine, and diminution in sensation in the whole right lower extremity of an indefinite nature was found. The lateral aspect of the right thigh showed a large broken down area exuding considerable pus. It appeared to be quite deep and was caused by a cast which had been applied previously.

Operative procedures.

In an effort to ascertain the region of the tumour, a double lumbar puncture was done. With this test, when there is a partial block, the difference in the rise and fall of the cerebro-spinal fluid in the two manometers (one above and the other below the lesion) is very striking. This was followed by a lipiodal injection to determine the exact position of the tumour. It was shown to be about the level

of the last thoracic vertebra. Six days after admission, an operation for removal of the tumour was performed. This consisted of a laminectomy and excision of the tumour from its bed in front of the cauda equina. It had involved the sensory nerve roots entering from the upper pole and leaving by the lower pole. The tumour was pushing the sensory nerve roots against the dura mater, causing great pain. The incision was closed tightly with skin sutures.

Nursing care.

I did not nurse the patient before operation, but found, on enquiry from the nurses who had cared for her, that the nursing care was directed toward building up sufficient strength to undergo the operation; the alleviation of pain by making the patient as comfortable as possible and giving sedatives ordered by the doctor; special care being given to her mouth, and her back to prevent bed sores.

The immediate post-operative care involved much detail in addition to the routine nursing care. The temperature, pulse and respirations were taken every four hours for the first ten days, her temperature ranging from normal to 102° the day following the operation; the highest level which the pulse rate attained was one hundred and twenty, and the respirations ranged between twenty and thirty per minute at this time. During convalescence her temperature, pulse and respirations were taken twice daily; her pulse rate ranged around one hundred and ten, which is rather high for a convalescent patient. Her temperature was within normal limits and respirations between twenty and thirty.

For the first few days she was watched closely for symptoms of shock. She had frequent chills, for which extra heat was applied. It was at this time that her temperature was elevated. Each day a bath was given, while her back, legs and heels were rubbed with alcohol and dusted with boroform powder every four hours. For three days after operation Mrs. A. could not void and she was catheterized every eight hours, sixteen to thirty ounces being obtained on each occasion. She also suffered from incontinence of urine, at times, for the first three days. Great care was necessary to prevent bed sores. At first the linen had to be changed several times daily, but later once a day was sufficient. The patient was turned every two hours, which required the assistance of two other nurses. As her strength returned she was able to help herself. An air mattress was most beneficial to relieve the pressure generally.

As this patient was unable to move her lower extremities freely, there was danger of pressure sores developing on her heels. To prevent this, doughnut-shaped rings were made from absorbent cotton wound with bandages; in these the heels were allowed to rest. To overcome the sensation of pressure on her feet from the bedclothes, a wire cradle support was used. A fracture board was used under the mattress to maintain a secure level. Four days later this was removed and replaced by a gatch frame. One week after operation the gatch frame was raised slightly at the top.

While Mrs. A. was critically ill, special attention was given the mouth. Her teeth were cleaned twice daily and mouth washes were used almost constantly. For the first three days after operation, a dressing of Balsam of Peru and Castor Oil was applied every eight hours to the bed sore on the right thigh. During this time little improvement was noted. The dressing was then changed to boracic com-

presses every four hours and the wound became cleaner. The doctor then ordered that boracic irrigations be done every four hours, followed by hot boracic compresses. Since that time, healing has progressed rapidly.

At first, Mrs. A. received fluid diet only. These fluids were administered in small quantities frequently to aid in elimination of waste products. I tried to vary the type of fluid as much as possible, including those fluids of a high caloric value. Gradually a full diet was resumed, with extra nourishment between meals to help build up strength. This extra nourishment took the form of eggnog, buttermilk or cocoa. For the first week her appetite was poor, but it improved with encouragement.

Immediately after operation it was necessary to give Mrs. A. sedatives to ensure sleep. The first night she was given morphia gr. 1/6 and codeia gr. 1/2 at seven-thirty in the evening. This was only fairly effective and at twelve o'clock midnight had to be repeated. She slept fairly well after midnight. For the first three nights after operation she slept only with sedative, but since that time all sedative has been discontinued.

Intestinal elimination was sluggish, due to the fact that her diet was fluid, and probably also to the fact that she had always been constipated. She was given soapsuds enemata at first, but later one dram of aromatic cascara each evening was sufficient to establish regular elimination.

During the last two weeks in hospital, Mrs. A. received massage and movement to the right leg and foot. While convalescing, the Occupational Therapy Department provided her with some hand work. She also read a fair amount during the afternoons.

Result of treatment.

The last few days Mrs. A. was in the hospital she showed considerable improvement, from both a physical and mental standpoint. She became strong enough to sit for a very short time on the side of the bed. There was almost complete return of sensation and movement to her lower extremities. She entertained high hopes of becoming well quickly and had to be warned repeatedly not to overtire herself. Five weeks after admission, Mrs. A. was discharged with instruction to rest until strength had returned to her back. During this time her daughter, who is now looking after the home, will look after her.

Prevention of this disease and health instruction for the future benefit of the patient.

As little is known regarding the cause of a spinal cord tumour, little can be said in connection with its prevention. Observance of everyday sanitary and hygienic measures might help to prevent it and earlier diagnosis would have promoted a more rapid and complete recovery. Mrs. A. will have to take special care of her back; she should have plenty of fresh air, nourishing food and rest. Instruction as to proper diet and sufficient daily water intake will help to overcome constipation. When her general condition has improved she should have her teeth looked after, as they may become a focus of infection. This can be done through the Out-Patient's Dental Clinic. Mrs. A. will be instructed to report back to Dr. ———.

What I learned from the care of this patient.

In nursing this patient, greater insight was gained into all conditions affecting the spinal cord, how they affect the general health and mental attitude of the patient, and how the nurse can cope with these difficulties.

Department of Private Duty Nursing

Convener of Publications: Miss Jean Davidson, Paris, Ont.

A STATEMENT OF POLICY

It is not usually the editorial custom to invade those departments of the *Journal* which are devoted to the interests of the three Sections of the Canadian Nurses Association. After consultation with Miss Isabel MacIntosh, who is the National Chairman of the Private Duty Section, and with Miss Jean Davidson, the National Convener of Publications for that section, it has been decided to waive this unwritten rule for this occasion only, and to allow the Editor the privilege of making an initial statement bearing on the function and policy of the Department of Private Duty Nursing in *The Canadian Nurse*.

Considerable correspondence has taken place between the Chairman, the Convener of Publications and the Editor, and it is now apparent that there is general agreement between them regarding the underlying principle that the Department should fulfil a dual function, and should serve as an open forum as well as afford an opportunity for the expression of the educational and economic ideals of the private duty group.

The Chairman has outlined the advantages of an open forum, in which questions bearing on all phases of the practice of private duty nursing could be informally debated, in the following words: "Weakness in the economic aspects of private duty nursing has always existed, and although until recently it has been scarcely understood or realized, it is now being keenly felt through actual suffering. I wish we had been five years ahead in our thinking; we should then have been less helpless than we are today in the face of an almost bankrupt state in all other professions and trades. The present condition of affairs is bound to bring forward many arguments, all of which may not be sound, but be that as it may, the seriousness of the situation cannot be ignored."

The Convener of Publications has some very practical recommendations to make about the sort of material which should appear monthly. Miss Davidson suggests that the Convener confer with the Editor concerning the general trend of thought which should govern the selection of content for each issue. This content might include case studies, written by private duty nurses, and based on their personal experiences. From time to time, physicians might be invited to contribute articles on some related educational topic and the advisability might be considered of asking a layman (or a laywoman) to discuss nursing service from the standpoint of the public. The Convener of Publications agrees with the Chairman and the Editor that some sort of open forum should be provided, which could be used as a question box as well as for the publication of letters.

It is also agreed that it is usually preferable that contributors to the Department should send their communications to the Convener of Publications, but that the Editor may also be granted the privilege of soliciting and receiving contri-

butions. The Editor, of course, reserves the right to decide upon the wisdom or otherwise of publishing any material submitted for publication in the *Journal*.

It is plainly apparent to all thoughtful observers that far-reaching changes must inevitably come about in nursing practice and education. It seems likely that these changes may affect the private duty group more profoundly than any other. The Chairman of the Private Duty Section and its Convener of Publications have worked out a policy for the direction of the Department in the *Journal*. *The Canadian Nurse* stands ready to give all the assistance possible. Private duty nurses, therefore, already possess national leadership and an opportunity for dignified national publicity in the official organ of the Canadian Nurses Association.

The Department of Private Duty nursing might be the most vital and interesting in the *Journal*, and it will be if private duty nurses will respond promptly and whole-heartedly to the leadership of their elected representatives, and to the appeal of the Editor for co-operation in making this Department what it ought to be: the index and the reflection of the best thinking of the private duty nurses of Canada.

NURSING IN PRIVATE HOMES

CHRISTINE WATLING, President, Montreal Graduate Nurses Association

Nursing in the home differs considerably from nursing in hospital. In the hospital there is every facility for dealing with all kinds of cases and with every emergency which may arise, and the house doctor is there to appeal to, if necessary.

Going on duty in a home, the nurse should have the necessary equipment required for ordinary cases, such as a set of surgical instruments, a kidney basin in which to sterilize them, bandage scissors, medicine glass and minim glass, small rubber catheter, enema tube and funnel, a hypodermic syringe, and, for emergency use, strychnia tablets and a few ampules of camphor in oil. I am not going to tell you that you should carry morphine tablets, because according to the law controlling the use of narcotics, that is not allowed. If a doctor wants his patient to have morphine, he should order it from the drug store or supply it himself in case of emergency. Should a patient be on a q.4.h. order for any of the drugs I have mentioned, the nurse should see that the doctor leaves a prescription for them, for why should a nurse provide medicine for the patient except in cases of emergency?

Nurses should be sure to have temperature charts and bedside notes. These may be procured at any drug store. If bedside notes are not available, a large writing pad will answer as well, but be sure to have temperature charts. Nothing makes a doctor so annoyed as to find the temperature just jotted down on a piece of paper. A fountain pen is a necessity, too.

In a home, the nurse has the sole responsibility of the patient between the doctor's visits, and it is essential for her to get explicit instructions from him, as to what

An address to the student nurses of the School of Nursing of the Montreal General Hospital, March, 1933.

measures may be taken for the safety of the patient should anything occur which necessitates quick action before he can be located.

The chief thing in cases of emergency, is to keep a cool head. Never let your patient see that you are worried or flustered. Work quietly and quickly. Should it be necessary for you to leave the patient's room to get anything, ask some one of the family to stay until you return, but, as often happens, if that person is too nervous to be left alone with the patient, give him or her clear and concise instructions as to what you *need* and how to *prepare* it.

On going into a home, the nurse should tactfully get her bearings. Find out where the kitchen is situated, and where utensils are kept, in order that you may not need too much waiting upon, and above all, try to make as little work for the maids as possible. Somehow or other, maids have the idea that nurses usually upset the household. That should not be the case. No matter how many maids are in the house, no nurse should leave soiled linen or dishes lying around for them to tidy up. Keep a towel in the bathroom for wiping dishes. In one house in which I nursed, the maid was rather surprised not to have all her saucepans and pots burned, because she had had previous experience with a nurse who burned everything she put on the stove. There is no excuse for such carelessness on the part of any nurse. Try to plan your work so as to be punctual with your patient's meals and with your own. If you are a day nurse and there is to be a night nurse, arrange with the maids that provision is made for her meals during the night. Some people never think that a night nurse needs food, forgetting that the night is really her day. Do not be too critical of the food prepared for you.

In many hospitals, student nurses have very little to do in connection with the sweeping and dusting of a patient's room, but you will find that in a great many homes it is part of your duties, so I would advise you to find out where the carpet sweeper, mop and dusters are kept. In some cases the maids will offer to do it for you, in others the patient may be very ill, and you will find you can be much quieter in the room, doing it yourself, and certainly where there are no maids, you will have to do it. But that is a mere trifle. You may even have to cook the meals for yourself as well as for the patient, so make the best of it, and try to keep the patient cheerful and free from worry.

In the home, the nurse comes into closer contact with the family than she does in hospital, and sometimes considerable tact is needed to keep things running smoothly. It may seem to the nurse that they are inclined to interfere, when in reality they are only over-anxious, as undoubtedly we all would be, were it one of our own family who was ill. Very rarely does the family interfere with the nurse as long as they see she is taking good care of the patient and carrying out the doctor's orders. The nurse should try to inspire confidence in herself, as well as in the doctor, in order that relatives may be assured that the patient is having the best attention possible, and that everything is being done to hasten recovery.

Avoid calling the doctor needlessly. One of our doctors, when calling a nurse recently, said to the Registrar: "Don't send a nurse who will call me up, just after I have left the patient's home, to ask whether I want the temperature taken by mouth or rectum." But

don't hesitate a moment to call him if any unexpected change occurs. Shift the responsibility to his shoulders and you will have done the right thing.

Be careful of linen. The supply is not unlimited as in hospital, and even in hospital we sometimes run short. Unless absolutely necessary, sheets are not changed each day or pillow cases either. If you see that linen is scarce, wash out any little spot which you may get on a sheet, and keep that to use as a draw sheet later on. Utilize newspapers. When giving an enema, use several thicknesses of paper covered with a bath towel. If there are children in the house, one usually finds a piece of rubber sheeting, but if not, and the illness is not very severe, do not insist on buying it, unless absolutely necessary to protect the mattress. For a back rest, a kitchen chair or heavily padded chair cushion will serve. If something is needed to keep pressure off feet or legs, a leaf of a table, covered with a sheet or heavy towel will do. An excellent cradle can be made with three pieces of narrow board and barrel hoops. Be careful of furniture—nurses with alcohol bottles have ruined many a table and bureau top. Unless there is a glass top on the table, place the bottle on a paper on the floor or rug. Never put your wash basin on a chair unless protected by newspapers and a bath mat.

When visitors call to see the patient, although you may be urged to remain in the room, make some tactful remark and leave them to chat alone. One patient complained that she never had a moment's private conversation with her visitors, let alone her husband, as the nurse always stayed in the room.

Read the daily papers, so that you may be able to discuss something more than the latest movie magazine. Be careful of your own personal appearance. Never go around with untidy uniforms or dirty shoes. These things are particularly noticed in the home, and just here let me give you a word of warning. Never smoke while on duty either in hospital or in homes. Several times lately doctors have specified, "Do not send a nurse who smokes." Smokers themselves may not notice it, but to one who does not smoke and is ill, the odour of stale cigarette smoke is obnoxious. All this may sound very trivial and foolish, but it is the little things which tend towards the success of the Private Duty Nurse. When the patient and his family sees that a nurse is careful and discreet in the house, they will recommend her to others, and in that way the nurse will soon establish a clientèle.

You will find that there are a great many advantages in nursing in homes that you do not enjoy in hospital. For example, you will always find someone in the family ready to help in any way they can. You do not have to wait until a nurse gives a bed bath, or some such thing as that, before she can help you. No struggle with diets and meals in a kitchen with eight or ten other nurses. The family knows the likes and dislikes of the patient and only the food he or she can eat is prepared. Of course, the nurse may suggest and prepare tempting little dishes, especially if there is not a qualified cook in the kitchen.

The true test of a nurse's efficiency is not in the hospital, but in the home, and wherever you may be, always strive to keep before you the high ideals and standards of the nursing profession, set for us by those pioneer nurses who were proud to serve the patient, in his home or in a hospital, faithfully and well.

Department of Public Health Nursing

CONVENER OF PUBLICATIONS: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

TRENDS IN PUBLIC HEALTH NURSING

Mrs. HELEN C. LA MALLE, R.N.,
Superintendent of Nursing, Metropolitan Life Insurance Company, New York

The progress of public health nursing depends upon the acceptance of constructive trends that will make it possible for us to scrutinize our present programme. You will agree that the time has arrived for a careful, critical analysis of actual performance in nursing practice.

As public health nursing is a community service, we have to keep in mind the changing social conditions, and modify our methods accordingly. Having considered many trends in my study, I have selected three because of their importance to the field of public health and to public health nursing as a whole.

1.—Trends with respect to nursing practice.

2.—Trends with respect to community relationships.

3.—Trends in the growing consciousness on the part of Health Officers as to the importance of communicable disease nursing.

Let us consider first the trends with respect to nursing practice. As we obtain a better knowledge of communities, our nursing service should be adapted to meet newly-disclosed needs. All nursing is aimed at placing emphasis where it is most likely to do the most good.

Too much emphasis has been put on quantity rather than on quality. I think it makes for a better service if the family has more responsibility; if we try to make every visit count, and to eliminate useless visits.

The goal is responsibility. There is a continual trend in the direction of preparing nurses for specific responsibilities.

It is recognized that it is a legitimate function of organizations to provide training in service, to keep the staff alert to their opportunities, to have a continual educational process so that better service will result. Unless the principles taught through training are being properly applied routinely and systematically, then all efforts to effect the best service will be lacking in results. I think there is a much better understanding of this point.

Staff education is constantly growing, and the best staff education is a continuous process. It requires frequent contact of the staff worker with the Supervisor, who, by reason of training and experience, is qualified to direct and aid her with her daily problems. The education of a staff nurse is not accomplished through introduction and initial demonstrations. It is a matter of months of careful instruction and constant supervision.

There is a trend that makes us conscious that no one is a good worker unless she is happy and healthy. She must be interested in

Read at the Annual Meeting of the American Public Health Association, Washington, D.C., October, 1932. Published in the April issue of "The American Public Health Journal."

her work before she can do good work.

Secondly, we will consider the trends with respect to community relationships. Some years ago, only the very poor would use the nursing service, but now the service is being asked for by the middle class on a part-time basis, and therefore the demand for service is increasing. We have with us not only the poor in increasing numbers, but we have this new demand.

There is a trend toward generalization and amalgamation. There is much closer co-ordination toward building a community programme. The economic situation is resulting in closer bonds between local health and social work agencies. Concerted efforts in fund-raising encourage joint programme planning. Some Community Chests have organized special advisory committees to help plan to meet changing conditions, and usually the public health nursing agency is represented. With the united forces collectively discussing their problems and combining their efforts toward the same aims and ends, we should have better equipped and more responsive agencies.

The third, and perhaps one of the most important, trends to consider is the growing consciousness on the part of Health Officers toward the need for nursing care to communicable diseases. Health Officers in the past have generally not approved the inclusion of nursing care to communicable diseases in the general nursing picture. The programme should provide more definitely for this, and for close and mutually advantageous relations between Health Officers and private organization nursing services. Every Health Officer has the leadership and authority to aid in developing a well-rounded community programme which will include a larger measure of nursing care to communicable diseases.

I have the privilege of representing a company which has established nursing service in more than 5,000 cities and towns. During 1931, the company spent more than $4,000,000 for nursing service which made possible service to upwards of 800,000 cases, and in the analysis of more than 200,000 of the cases, only about 5% were of measles, scarlet fever, whooping cough, diphtheria and other communicable diseases. You will agree that this study reveals that relatively few cases of communicable diseases are being nursed.

I cannot help wondering how the large number of Metropolitan policyholders who were ill with communicable diseases fared during 1931. How much did lack of care and lack of knowledge on the part of these sick policyholders contribute to the spread of communicable diseases? How many are suffering from unfortunate effects which might have been prevented, simply by knowledge? It is impossible to contemplate this gap in nursing service without realizing that it may represent a large volume of serious incapacity as well as loss of life. Is not the stopping of this gap of vital importance to all interested in public health?

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

An outstanding achievement in national organization development for nurses in Canada was accomplished at the General Meeting of the Canadian Nurses' Association in 1930. At that time the Association became a federation of the nine provincial registered nurses' associations; previously, numerous alumnae groups held direct membership in the C.N.A. The primary purpose of reorganization was to strengthen the provincial units, especially through increased membership, which in time would result in the C.N.A. being more fully representative of all accredited nurses in the Dominion.

The C.N.A. is to celebrate its twenty-fifth anniversary during the General Meeting in June, 1934. In observing this event, it was decided that a campaign for increased membership be planned, the result of which should be to have every registered nurse in the Dominion obtain her affiliation with the national body. In seven of the provinces, registration is compulsory for membership in a provincial organization, but even in these provinces there are nurses who have permitted registration to lapse without realizing that they are thereby cut off from national and international affiliation.

The personnel of the Special Committee appointed by the C.N.A. to direct this Campaign is: Convener, Miss Mary B. Millman, 126 Pape Avenue, Toronto, and Misses Kate S. Brighty, Edmonton, Alberta; E. Breeze, Vancouver, British Columbia; Margaret Meehan, Winnipeg, Manitoba; Maude E. Retallick, West Saint John, New Brunswick; L. F. Fraser, Halifax, Nova Scotia; Marjorie Buck, Simcoe, Ontario; Anna Mair, Charlottetown, Prince Edward Island; E. Frances Upton, Montreal, Quebec; Ruby M. Simpson, Regina, Saskatchewan. This Committee is endeavouring to have the professional groups in each province recruit into membership all eligible nurses. The objective is 10,000 members in the C.N.A. by June, 1934.

The Committee's first move was to obtain from the provincial secretaries the methods already used to increase membership, and also to submit suggestions whereby the Committee could further the activities in the Campaign. Later, from replies received, data were compiled and copies sent to each member of the Committee. It was shown that most of the provinces have routine procedures by which the benefits of belonging to the provincial organization are emphasized to the nurses, prior to graduation. One province has prepared a folder "You Should Belong" in which are set out the aims and objectives of the Association, and the reasons why the new graduate should join the professional group. The same province sends a congratulatory letter to the recent graduates. Other methods reported that, by correspondence and visits of ininspection, hospitals and institutions employing graduate nurses are invited to give their support by urging all nurses in their employ to maintain registration and provincial membership. Recently, in one province, the Hospital Regulations have been amended so that after January 1st, 1934, all graduate nurses employed in hospitals (receiving government grants) must be registered in that province—annual registration is demanded. This is a forward step that receives the commendation of the C.N.A.

In spite of repetition, it is again

stated that provincial membership means national and then international affiliation. Two instances may be cited in emphasizing the benefits of this relationship. The Arrangements Committee for the I.C.N. Congress have issued a fiat that only those nurses from countries affiliated with the I.C.N. may register for the Congress who can produce a certificate of membership in their national organization. Also, the decision reached in regard to a nurse's qualifications for national enrolment for emergency service in times of epidemic, disaster or war, state specifically that the nurse must have obtained registration, and be a member of a provincial association. It is recalled that the plan for enrolment was decided on after conferences between the Director-General, Medical Services of the Department of National Defence, the Chief Commission of the Canadian Red Cross Society and the President of the C.N.A.

Already the results of reorganization of membership in the C.N.A. show that there is a steady increase in membership in the provincial units. The objective of the Membership Campaign, 10,000 members in 1934, should be assured.

An authoritative statement made in 1931 was: there are 18,000 registered nurses in Canada. Why should not every one of these be a member of a provincial association? Space does not permit mention of the numerous advantages a nurse gains through registration. Suffice to state that she is safeguarded to a degree quite beyond that of the nurse who has not qualified and she has access to the privileges that professional organization relationship makes possible.

The Membership Campaign Committee is doing its utmost in the interests of its undertaking—it is to the individual nurse the Committee and the provincial and national bodies turn for support of this project during 1933.

PROVINCIAL ACTIVITIES

The heroic spirit in which the members of the provincial associations are undertaking the solution of professional problems is shown in the reports sent forward to the National Office for a recent meeting of the Executive Committee. The latter body expressed appreciation of these admirable reports, a summary of which follows:

Alberta: Twenty per cent. decrease in annual fee; $500.00 made available as a Loan Fund in 1933; $200.00 for the School for Graduate Nurses, McGill University, and a contribution, when required, to the Florence Nightingale Memorial Fund. A substantial grant makes it possible for the Secretary-Registrar to attend the I.C.N. Congress. Unemployment is being studied and special course lectures arranged.

British Columbia: Preparations made for the twenty-first annual meeting; progress reported in activity of the Provincial Joint Study and Hourly Nursing Committees—announcement of developments in the latter undertaking are being awaited with interest by nurses throughout the Dominion.

Manitoba: An excellent report of this provincial organization was published in the March number of the *Journal*. The Nursing Education Section, Winnipeg group, meets bi-monthly to study the Survey Report. Later, a synopsis and findings of chapters discussed are sent to the Superintendents of Schools of Nursing in rural Manitoba; this plan shows a keen desire to share with those nurses who are deprived of the opportunity to meet in conference with their confrères. The Private Duty and Public Health Sections are tackling their problems in a co-operative, energetic spirit.

New Brunswick: As required annually, a list of members was prepared for publication in the *Royal Gazette* and the provincial newspapers. Candidates for latest Registration Examinations totalled 80, of whom 55 were successful. The Public Health Nursing Section sought the co-operation of the Association to enforce certain Survey Report recommendations. An appeal was made to members of the Nursing Education Section for assistance in securing articles for *The Canadian Nurse*. The Secretary-Registrar is granted two months' leave-of-absence with salary, to attend the I.C.N. Congress.

Nova Scotia: The Pass Mark Minimum in Registration Examinations was raised to 50% in each subject and 60% average. An endeavour is being made whereby the minimum entrance academic qualifications will be Grade XI or its equivalent (the latter is to be decided by the Executive Committee, N.S.R.N.A.). The assistance of the Minister of Health, the Medical Superintendents and Superintendents of Nursing in all Provincial Institutions is solicited by the Association in its desire to make compulsory the employment of registered nurses only in these institutions.

Ontario: Arrangements made for annual meeting in Windsor, for which the customary registration fee is cancelled. District membership in Northern Ontario has increased over 100%, due to the formation of local groups in small centres of population. Few, if any, urban centres in Canada have achieved similar gratifying results.

Prince Edward Island: No report was received from this province. The projects of the C.N.A. as submitted to the provincial associations meet with ready support in Prince Edward Island.

Quebec: A report of the annual meeting A.R.N.P.Q. was published in the March number of the *Journal*. Since the pass mark for Registration Examinations was raised to 60% there has been a proportionate increase in the number of failures. The Secretary-Registrar, as Official Visitor to Schools of Nursing, made 36 visits in 1932. In Quebec, there are 39 schools on the approved list and 9 that do not yet meet the minimum requirements.

Saskatchewan: Recommendations from the Provincial Legislature were accepted by the Provincial Association, whereby important changes have been effected in the Hospital Regulations issued for 1933: (1) After January 1, 1934, all graduate nurses employed in hospitals must be registered in the Province—also, each hospital must employ at least two duly qualified nurses, one of whom shall be the matron. One such nurse must be on duty at all times. (2) Training Schools for Nurses regulations are to be improved. After January 1, 1936, a hospital conducting a school must have at least four registered medical practitioners resident within a radius of two miles, all of whom must practise in the hospital. The authorized adult bed capacity of these hospitals must be at least 70, with daily average of 40 patients. There must be three graduate nurses on the staff and the academic qualifications of the student nurse is to be Grade XI or its equivalent, as recognized by the Department of Education of Saskatchewan.

INTERNATIONAL COUNCIL OF NURSES CONGRESS

Representation: The four representatives from Canada appointed to represent the Canadian Nurses Association at meetings of the Grand Council, International Council of Nurses, are: Miss Isabel Mac-

Intosh, Chairman of the Private Duty Section; Miss Anna E. Wells, from the Public Health Nursing Section; Miss Marion Lindeburgh, from the Nursing Education Section, and Rev. Sister Allard, representing the French-speaking members.

Meetings of the Grand Council are to be held in Paris on July 7 and 8. These meetings are to be preceded by meetings of the Board of Directors, July 4 to 6. The latter body consists of: Honorary Presidents in office in 1925, President, First and Second Vice-Presidents, Secretary and Treasurer, and the Presidents of national organizations of nurses which are affiliated with the I.C.N. The Grand Council is composed of the Board of Directors and the four accredited delegates from each national organisation. The Grand Council is the voting body at each Congress.

Congress Programme: A report of the Congress Programme was published in detail in the April number of the *Journal*. Members of the Canadian Nurses Association who are contributing to the Programme are: Miss Jean Gunn, who is Second Vice-President, I.C.N.; Miss Florence H. M. Emory, President, C.N.A.; Miss Anna E. Wells, Director of Public Health Education, Department of Health and Public Welfare, Manitoba; Miss Marion Lindeburgh, Assistant Director of the School for Graduate Nurses, McGill University, and Miss E. Bell Rogers, Instructor of Nurses, Royal Victoria Hospital, Montreal; Miss Beatrice L. Ellis, Superintendent of Nurses, Toronto Western Hospital, Toronto, and Miss Ruby E. Hamilton, Superintendent, Junior Red Cross, Ontario Division, Canadian Red Cross Society.

C.N.A. Tours: It is anticipated that the number of members who will join one or other of the C.N.A. Tours as arranged by Thos. Cook and Son, Ltd., will reach 85, and probably 100. The enrolment at time of writing registers the former number and exceeds the most optimistic estimate made early in the year.

A letter has been received from the Honorable H. Ferguson, High Commissioner for Canada, Canada House, London. Mr. Ferguson assures members of the C.N.A. that the facilities of Canada House will be at their disposal during their stay in London; also, all those who can attend the Dominion Day reception, on Monday, July 3, will receive a welcome. C.N.A. members who may be able to attend that Reception should advise the Executive Secretary, C.N.A., accordingly, prior to June 10, in order that the number and names of nurses may be forwarded to Canada House; this information is requested because it will be of assistance in making arrangements for the Reception.

Catholic Congress: Recent information from Thos. Cook and Son announces that arrangements have been made for those nurses who wish to attend the International Federation of Catholic Nurses Congress at Lourdes, July 18 to 22, as well as the International Council of Nurses Congress, in Paris and Brussels, July 10 to 15. The arrangements include a Main Tour and two extensions, the specifications and conditions of which are exactly the same as those for the I.C.N. Congress Tours. Nurses wishing to attend both Congresses should make their arrangements with Thos. Cook and Son, the Official Travel Agents for the Canadian Nurses Association.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: At a large and representative meeting of the Calgary Graduate Nurses' Association it was decided, in view of present conditions, to reduce the Graduate Nurses' fees to $4.00 a day. There was considerable discussion over the matter, and it was pointed out that the fees had never been as high in Calgary as in other cities where, until recently nurses received $6.00 and $7.00 a day; also that during the last two years, members while charging the regular fee, have been giving extra days free to their patients, in an endeavour to meet conditions. The members felt that the Association should officially recognize conditions and do its bit, and a resolution was passed to the effect that "For all medical, surgical and obstetrical cases the fee shall be $4.00 a day instead of $5.00 as heretofore." The following nurses were admitted to membership: Miss E. Hunter, R.N., Miss U. Burrows, R.N., Miss R. Powell, R.N. Final arrangements for the annual association dance were discussed. Reports were also given by Miss Casey on the successful chain bridge parties which are being given and have been so much enjoyed. The Secretary, Mrs. F. V. Kennedy, read a report on the Florence Nightingale Memorial Fund and its success to date.

EDMONTON: At the March meeting of the Edmonton Graduate Nurses' Association, Dr. M. E. Lazarte of the University staff gave an interesting and instructive talk on vocational guidance, stressing the importance of boys and girls having access to books on vocational subjects while still in the elementary schools in order that they might have a better knowledge of what would be expected of them in the different professions or trades. He also gave an outline of a desirable course of study for girls who intend to become nurses.

The Edmonton Graduate Nurses' Association entertained at luncheon in honour of Miss Elizabeth Smellie during her recent visit to Edmonton. A representative group listened with intense interest to her talk on her trip abroad as she sketched for us a picture of scenes and methods in European nursing work in its various branches. A happy finale to Miss Smellie's visit was a reception held in her honour by the Overseas Nursing Sisters' Club.

MEDICINE HAT: The annual meeting of the Medicine Hat Graduate Nurses' Association was held on March 7, when new officers were elected for the ensuing year. A hearty vote of thanks was extended to Mrs. Tobin, the retiring president, who held that office for the past two years. The regular monthly meeting was held on April 4. The business meeting was followed by a social hour and refreshments.

BRITISH COLUMBIA

VANCOUVER: The charming residence of Mrs. King Brown was the scene of a delightfully informal reception, when members of the Vancouver Unit, Overseas Nursing Sisters' Association, entertained in honor of Miss Elizabeth Smellie, R.R.C. Receiving with Mrs. Brown were Miss Jean Matheson, Matron of Shaughnessy Military Hospital, and Miss Jane Johnston, president of the Association. The beautifully appointed table, lighted by tall tapers in old Italian candelabra and centred with fragrant spring flowers, was presided at by Mrs. John Rose and Miss M. Motherwell, while assisting in serving were Mrs. J. O. McCabe, Miss Louise Brand and Miss H. Rice. Many of the guests had served overseas with Miss Smellie, and her informal talk about her experiences during the past year and witty anecdotes of her trip abroad, proved a very attractive feature of the evening, which was convened by Mrs. A. E. Cunningham. Other guests included Mrs. F. W. Clayton of Gibsons Landing, a charter member, and Mrs. George Appelbe, Miss Bertha Bennet, Mrs. J. P. Bilodeau, Miss E. Cameron, Mrs. F. W. Crickard, Mrs. Ralph Coleman, Miss M. I. Hall, Miss Heaney, Miss Dorothy Jefferson, Miss Mary McLane, Miss K. Panton, Mrs. W. E. Robi, Mrs. Rothwell, Mrs. J. Shepherd, Miss Isabel Sims, Mrs. J. T. Wall, Mrs. Rounding, Mrs. J. M. Brough, Mrs F. W. Clayton, Miss Margaret Cunningham, Miss Laura Holland, Mrs. A. W. Hunter, Miss Conway-Jones, Miss Edith Lumsden, Mrs. J. Kent McAlpine, Miss E. Martin, Miss H. Munslow, Miss K. Perrin, Miss Stark, Miss Alice Stewart, Mrs. A. Valentine and Miss Hirst.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held their regular meeting on March 7, at the home of Miss Marjorie Trotter. After a short business session Miss Finlayson introduced the guest speaker, Mrs. E. A. Whitmore, who chose as her subject "The Pillars of Triumph". Dainty refreshments were served by the Private Duty section.

WINNIPEG: At the quarterly meeting of the Manitoba Graduate Nurses' Association, it is planned to discuss the questions formulated by the Joint Study Committee, and which

were given in full in "Manitoba Shows the Way" in the March issue of *The Canadian Nurse*. Dr. N. R. Rawson, Provincial Epidemiologist, will also address this meeting, his subject being "Diphtheria Prevention Campaign", and a film will be shown entitled "New Ways for Old." Certificates of membership in the Canadian Nurses Association for use of registered nurses who are proceeding to the International Congress in Paris, may be procured by writing to the Secretary of the M.A.R.N., 753 Wolseley Avenue, Winnipeg.

NEW BRUNSWICK

FREDERICTON: The 1933 dinner of the Alumnae Association of Victoria Public Hospital Training School for Nurses was held on February 15, when about fifty members were present as well as the members of this year's graduating class. Mrs. James L. Mavor, the president, received the guests and presided at the dinner. Mrs. Hazen Everett acted as toast mistress and the toasts honored were The King, Alma Mater, The Doctors and the graduating Class. Following the dinner, business was taken up and officers for the year elected as follows: Honorary President, Mrs. Gordon Woodcock; President, Mrs. Trafford Donovan; First Vice-President, Mrs. Frank Fairley; Second Vice-President, Mrs. Kenneth Jewett; Third Vice-President, Miss Kate Johnston; Secretary-Treasurer, Mrs. Bertha Colter; Assistant Secretary, Miss Dorothy Parsons. Letters were read from members outside the city who were unable to be present.

MONCTON: On February 13, the Moncton Chapter of the New Brunswick Association of Registered Nurses held a most successful tea in the Hospital Annex, under the convenership of Misses Maisie K. Miller and Nellie Good. The reception rooms were artistically decorated for the Valentine season. Miss MacMaster, Superintendent of the Hospital and president of the Provincial Association, with Miss MacLaren, President of the Local Chapter, poured tea at a table centred with red carnations in a silver basket, and lighted by red candles. Members of the Association in uniform served tea, while music was furnished by Mrs. J. G. MacKinnon. Miss Marguerite Brown, Child Welfare nurse for the town of Shediac, New Brunswick, and a member of the N.B.A.R.N, recently became the bride of A. W. MacQueen, Mayor of Shediac.

SAINT JOHN: The annual meeting of the Saint John General Hospital Alumnae Association was held at the Nurses Home on April 3, with a good attendance. Plans were made for the entertainment of the 1933 graduating class. The following officers were elected: Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; Vice-President, Miss E. Henderson; Second Vice-President, Mrs. F. M. McKelvey; Treasurer, Miss K. Holt; Secretary, Mrs. Edgar Buyea; Council Members, Mrs. H. H. McLellan, Mrs. A. G. Clinch and Mrs. J. H. Vaughan. On March 20, the monthly meeting of the Local Chapter of the Registered Nurses' Association was held at the Saint John Tuberculosis Hospital with the President, Miss Ada Burns, in the chair. Miss Margaret McJunkin was appointed Treasurer. Dr. C. McPherson gave an interesting lecture on "Present day diagnosis and treatment of tuberculosis". Refreshments were served by the staff nurses. Jordan Memorial Sanatorium at the Glades, near Moncton, which was partly destroyed by fire about a year ago, is rapidly being rebuilt. Sympathy is extended to Miss Marion Maxwell, R.N., in the death of her father, and to Miss Frances Stanley, R.N., in the death of her brother, and to Miss Viola McKeen in the death of her father.

ST. STEPHEN: The regular meeting of the Local Chapter of the N.B.A.R.N. was held on April 6, with an attendance of 27, including guests. Routine business was transacted, and plans made to put on a movie after Easter. We also planned to have a "Be your age" party at our next regular meeting. Miss Beatrice Cochrane has gone to the Children's Memorial Hospital, Montreal, for a three months' post-graduate course. Miss Clara Dowling is a patient at the Chipman Memorial Hospital, following an operation for appendicitis. Miss Myrtle Dunbar has been quite ill. Miss Grace Mowatt has returned from the Saint John County Hospital, and is making good progress at her home. Sincere sympathy is extended to Miss Agnes McCrea in the death of her mother.

NOVA SCOTIA

HALIFAX: At the quarterly meeting of the R.N.A.N.S. held on March 11, plans were discussed for holding an Institute on Administration and Teaching in Schools of Nursing, during the second week in June, immediately preceding the annual meeting of the Association. It is hoped that Miss Ethel Johns, Editor of *The Canadian Nurse* will be present on this occasion and take part in the Institute. The nurses of Nova Scotia will be glad to have this opportunity to meet Miss Johns and welcome her to our Province.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICT 2

BRANTFORD: Dr. W. L. Hutton, M.O.H., gave a most interesting address on "Eugenics" at the meeting of the Brantford Nurses Alumnae Association held on April 4. Miss K. Charnley was appointed a delegate to the meeting of the Registered Nurses' Association of Ontario, which is being held in Windsor, April 20-22.

STRATFORD: A feature of the March meeting of the Alumnae Association of the Stratford General Hospital, was the order to purchase two Fowler Frame cots to be placed in the pediatric ward of the hospital as a gift

from the Association. Miss I. Tucker (1931) is taking a post-graduate course at the Children's Memorial Hospital, Montreal, and Misses H. Morrison and Laura Wagner (1932) are taking a course at the Ontario Hospital, Whitby.

District 5

Toronto: On March 8, 1933, the Alumnae Association of the Toronto General Hospital Training School for Nurses held its regular meeting in the lecture hall of the West Residence. Miss Nettie Fidler presided, and, following a short business meeting in which the question of Group Insurance was adopted for another year, the speaker of the evening, Mr. K. H. Rogers, gave a very interesting address on "Psychology and its Application to Nurses". The meeting was largely attended and at its close a very enjoyable social hour was spent with Miss Eugenie Stuart and Miss Elvira Manning acting as hostesses.

The March Section of the class of 1920 Toronto General Hospital Training School for Nurses held its Annual Reunion Dinner on March 6. Later they were guests of Mrs. Breithaupt at her home. Those present were Miss Athol Beaty, Miss Louise McKinnon, Mrs. John Swan, Miss Olive Willcocks, Mrs. Wm. Breithaupt, Miss Elvira Manning, Miss Mabel Platt, Miss Gordon Lovell, Mrs. J. F. Salmon, Mrs. J. P. Lyons, Miss Isobel Finch, Miss Laura Rowan, Miss Mildred Fox, Mrs. Ellis, Mrs. J. H. Braithwaite and Miss Isabel Sparks.

Toronto: A very interesting meeting of the Community Health Association of Greater Toronto was held on March 14, when about two hundred members and interested friends were present. After the regular business a Demonstration of Maternal Care was introduced by Dr. J. Z. Gillies who spoke on "The Status of Home Maternal Care at the present time and types of cases that may be cared for satisfactorily at home". He spoke in very warm terms of the work of the Victorian Order of Nurses and the Saint Elizabeth Nurses in the care of maternity cases in the home. A demonstration of a first pre-natal visit was presented by Miss I. McLeod of the Department of Public Health, assisted by Mrs. F. E. Piercy (née Eleanor Stark T.G.H.), who took the part of the patient in all three scenes. A demonstration of a second pre-natal visit was presented by Miss C. Connolly. St. Elizabeth Visiting Nurses' Association. A demonstration of set-up for confinement and post-partum care in a home was presented by Miss Muriel Winter, Victorian Order of Nurses, and a demonstration of a post-natal visit was presented by Miss C. Connolly, St. Elizabeth Visiting Nurses' Association. The meeting was presided over by Mrs. Hanna and the programme arranged by the Committee on Maternal Care under the convenership of Miss Alice Thompson. Refreshments were served at a social half-hour following the meeting, when Miss Edith Campbell presided at the coffee urn.

Toronto: The joint annual dinner of the Alumnae Associations of the Department of Public Health Nursing and of the Hospital Instructors and Administrators, was held at the Granite Club on March 11. The tables were gayly decorated with green favor baskets, which heralded the approach of St. Patrick's Day. Hearty applause greeted the graduating students who filed in, two by two, wearing green paper top hats at various rakish and becoming angles, and found places at two tables in the centre of a three-sided square As guests of honor and prospective Alumnae members, they were the chief interest of the evening. Miss Gamble (1921) acted as toastmistress and Miss Edith Cale (1923), President of the Alumnae of Public Health Nursing, proposed the toast to the University to which Canon Cody responded in his usual gracious manner. The toast to the Department was proposed by Miss McCamus, and responded to by Miss Kathleen Russell, who spoke briefly of the future of the School of Nursing. Miss Grace Cameron (1932) proposed the toast to the Graduating Classes and made a plea for their interest in Alumnae membership. The Rev. D. T. Owen, Bishop of Toronto, who with Mrs. Owen was an honoured guest, gave an earnest and thoughtful address on "Idealism", of which he said each listener must make her own definition. This jolly reunion each year is made possible through arrangements made by Mrs. Clissold (1923), who is also a member of the Granite Club.

Toronto: Miss Ethel Cryderman of the Victorian Order of Nurses for Canada, conducted a very successful Maternal Care Institute, held at the Toronto General Hospital on April 6 and 7, twenty nurses being registered for the sessions. The ground covered included: General Aspects of the Problem of Maternal Care; Hygiene of Pregnancy; Preparation for and Technique of Breast Feeding; Classes for Expectant Mothers; Delivery and Post-Partum Care in the home (with demonstration given by Miss Muriel Winter, V.O.N., Toronto Branch); Exhibit of clothing and equipment for expectant mothers. At the two evening meetings, Miss Marjorie Bell, Directress of the Visiting Housekeepers Associations, spoke on "The Nutrition of Pregnancy", and Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses for Canada, gave an address entitled "Some Aspects of Maternal Care Work in Europe". This is the second Institute made possible through the sponsorship of the Maternal Care Committee of The Community Health Association of Greater Toronto under convenership of Miss Alice Thompson.

District 7

Kingston: The annual meeting of the Registered Nurses' Association of Ontario, District No. 7, was held at the Kingston General Hospital on March 17, with fifty-five

members present. The officers for the year were elected. It was interesting to note that the quota for the permanent educational fund was again paid in full by District No. 7. At the conclusion of the business meeting the members adjourned to the reception room where a delightful tea was served by Miss A. Baillie and the nursing staff of the Kingston General Hospital. After tea the nurses reassembled in the classroom and an interesting illustrated talk on "Sir Walter Scott" was given by Dr. James Miller of Queen's University. On March 3, the Hon. Dr. Robb, Provincial Minister of Health, opened the Cancer Clinic established in the Kingston General Hospital. An open meeting was held in the evening and addresses were given by Dr. Robb and Dr. McCullough, Provincial Officer of Health. The following graduates of class 1932, Kingston General Hospital, are doing post-graduate work in that hospital: Miss Hazel O'Grady, Miss Lillian Wagar, Miss Helen Spafford, Miss Elsie Duncan, Miss Margaret Howes and Miss Gladys Rowdon.

Miss Beulah Shannon, Miss Geraldine Fraser, Miss Irene Campbell and Miss Josephine Dobbin, graduates of the Kingston General Hospital Training School, are doing general duty at the Ontario Hospital, Kingston. Miss Sylvia Howard and Miss Bessie Bell, graduates of Kingston General Hospital, are doing general duty at Gravenhurst Hospital.

District 8

Ottawa: The Central Registry of the Graduate Nurses of Ottawa has completed another very active year. The Executive Committee held meetings monthly, except during the summer, and all were well attended. Since the R.N.A.O. convention was held in Ottawa in April 1932, the Central Registry made a financial contribution towards the expenses as well as appointing a delegate. Three delegates were sent to The Canadian Nurses Association Convention in June 1932. The Executive Committee consists of two representatives from each Alumnae Association, viz: Ottawa Civic Hospital; Ottawa General Hospital; St. Luke's General Hospital; Lady Stanley Institute; outside hospital graduates and an advisory board consisting of the Superintendents of each hospital. Applications for membership must be approved by the Committee before acceptance. Members are encouraged to air any grievances through their alumnae representatives. The officers for 1933 are: President, Miss Amy Brady; Vice-President, Miss Evelyn Allen; Secretary, Miss Inda Kemp; Recording Secretary, Miss Nellie Lovering, Registrar, Miss L. M. Morgan.

Ottawa: Over five hundred guests enjoyed the annual dance of the Nurses' Alumnae Association of the Ottawa Civic Hospital, held in the Chateau Laurier on Feb. 17. The members and their friends were received by Mrs. Murray McLaren, Mrs. C. A. Young, Mrs. J. J. Allen, Miss Gertrude Bennett, and the President, Miss Edna Osborne. During the past two months the Alumnae Association has been fortunate in having as guest-speakers at the monthly meeting, Rev. Horace Watt, member of the Canadian Missionary Society in Japan, now on furlough in Ottawa, and Dr. James Coupland of Ottawa, who gave an interesting and instructive address on "Dental Caries".

District 8

Nurses of District No. 8 are looking forward with pleasure to the next meeting, which will be held in Cornwall on May 27. We are fortunate in securing as our guest-speakers, Miss Ethel Johns, Editor of *The Canadian Nurse*, and Miss Eileen Flannigan of Montreal. Reports will also be read from the Provincial Convention.

District 9

North Bay: A business meeting of District 9, R.N.A.O., was held at St. Joseph's Hospital, on March 24, for the purpose of discussion concerning private nurses' fees and hours on duty. The following conveners of committees were appointed: Flower and Visiting Committee, Misses Mary Brannan and Blanche Sutton; Permanent Education Fund, Miss Etta Horner; Publications and Canadian Nurse, Miss Ethyle Shannon. Plans were made for a semi-annual meeting at Gravenhurst Sanitarium. On March 24, a bridge and dance was held in the Masonic Temple at North Bay.

District 10

Fort William: The regular monthly meeting of the R.N.A.O. District 10, was held on April 6, with Mrs. F. W. Edwards presiding: After a short business meeting Dr. L. D. Wilson gave a very interesting address on cancer. A social hour was then enjoyed.

QUEBEC

Montreal: The Western Hospital Nurses' Alumnae Association entertained on February 22 at the Ritz-Carlton Hotel, at a reception and dinner in honor of their Honorary President, Miss Jane Craig, who organized the Association and through her interest has kept it active. Miss Craig recently resigned her position as Lady Superintendent of the former Western Hospital, now known as the Western Division of the Montreal General Hospital, which position she held for many years. Miss Birch, the President, along with Miss Craig and other officers, received the guests in the Blue Room, going later to the Vice-Regal Suite, where 80 guests sat down to dinner at charmingly arranged tables. The toast to "The King" was proposed by Miss Sutton, "Our Guest" by Miss Olga Lilly, and was responded to by Miss Craig in the gracious and charming manner which has endeared her to all. The toast to "Alma Mater" was

responded to by Miss Muriel McKee, Superintendent of the Brantford General Hospital, and to "Our Absent Members" by Miss Crossley. At the close of the dinner several of the doctors arrived to pay their respects to Miss Craig and again speeches were in order, which showed the esteem in which the guest of honour is held by the medical profession. A toast was proposed to "The Doctors" and one to Mr. John C. Newman, formerly President of the Board of Directors of the Western Hospital, who was also present. A buffet supper was served, featuring a birth-day cake in honour of the anniversary of Miss Craig's graduation from St. Luke's Hospital, Chicago, which, by a happy coincidence, occurred on February 22 and determined the Association's choice of a date for doing honour to Miss Craig. A pleasing programme was carried out during the evening, consisting of vocal solos by Miss Violet Cross, and piano selections. Doctor R. H. Craig gave a reading from the poems of Doctor W. H. Drummond. Many graduates of the Western came from out-of-town for the occasion; and Miss Marjorie Reyner is being congratulated on the success of an event which proved so delightful to all.

MONTREAL: Miss Alice Adlington (Children's Memorial Hospital) has returned from Half-Way-Tree, Jamaica. Miss Margaret Watson of Springfield, Mass., spent a few days in the city recently.

WESTMOUNT: The annual meeting of the Alumnae Association of the Women's General Hospital was held on January 18, when officers were elected for the coming year. The members expressed sincere regret at the serious illness of Miss F. George, Honorary President of the Alumnae and Lady Superintendent of the Training School. During the past year very interesting lectures were given by Dr. Maude Abbott, Dr. Chase, and Dr. Mendel. The sympathy of the members is extended to Mrs. M. McCutcheon (Rose Benson 1925) in her recent sad bereavement by the death of her husband.

QUEBEC: The regular monthly meeting of of the Jeffery Hale's Hospital Alumnae Association was held April 3. Following the business meeting, Miss E. McHarg, Operating Room Supervisor, gave a very interesting talk and demonstration of newer surgical appliances in the Operating Room. Mrs. Melling (Miss McRae, Class 1921) has taken charge of the Douglas Building in place of Miss Riglar who has been relieving there temporarily. Miss C. E. Armour, Lady Superintendent of our hospital, is now recuperating after her recent illness. Miss F. L. Imrie, Superintendent of Cameron Maternity Ward, is also recovering from a recent illness. Miss Le Mesurier, who has been ill with pneumonia, is recovering. We regret to hear that Mrs. Johnson of La Tuque is still sick and we wish her a speedy recovery. A bridge of about 50 tables was held recently in aid of the Sick Nurses' Benefit Fund. The bridge, which proved to be a great success, was under the convenership of Mrs. S. Barrow, assisted by a very able committee. Miss F. Ascah, Supervisor of the men's medical and surgical wards, is spending her vacation at her home in Peninsula, Gaspe. Miss Bessie Richardson, Lady Superintendent of the Joyce Memorial Hospital, Shawinigan Falls, recently visited friends in this city. The sympathy of the Alumnae Association is extended to Mrs. Wilkin (Gladys Waldron, Class 1923) in her recent sad bereavement.

SASKATCHEWAN

MOOSE JAW: The following nurses were successful in the recent provincial examinations: Miss A. Carr, Miss M. McDonald, Miss J. Curdumer, of Providence Hospital, Miss Wiseman, Miss Drewery, Miss A. McDonald, Miss Young, Miss Dunlop of the General Hospital. The new schedule of fees set by the Moose Jaw Registered Nurses Association is as follows: 8 hour duty, $3.00; 12 hour duty, $4.00; 24 hour duty, $5.00; weekly duty, $25.00; monthly duty, $80.00; hourly duty, first hour 75 cents, each additional hour 50 cents.

A very enjoyable evening was spent at the Providence Hospital when nurses-in-training entertained about thirty guests at a Valentine social. In compliment to the 1933 Graduating Nurses, the nurses-in-training of the General Hospital entertained at the nurses residence on March 10. The evening was spent in bridge and dancing.

OBITUARY

CROFT—Suddenly in Belleville General Hospital, Beatrice Croft (Class 1932, Kingston General Hospital), on Monday, April 3, 1933.

GILBERT—In Detroit, Mich., on March 23, 1933, Harriet M. Ellerbeck (Class 1922, Kingston General Hospital), beloved wife of Irvin Gilbert.

OFF DUTY

Life for us is one new department after another . . . this month it is Letters to the Editor . . . some of our nursing colleagues . . . are threatening to take pen in hand . . . and tell us all about it . . . we are sharpening our blue pencils . . . in case they do . . . not but what some letters are mighty encouraging . . . we got several . . . assuring us that the new blue cover is grand . . . that was nice . . . but our big moment really came . . . when an advertiser signed on the dotted line . . . and a private duty nurse said . . . she read us from cover to cover . . . this happened all on one day . . . then a literary friend . . . took the starch out of us by saying . . . well, it does look a little less like the Iron Age or the Blacksmith's Anvil . . . but you have a long way to go yet . . . before the Atlantic Monthly need fear competition . . . still you are on your way . . . which, of course, is something . . . literary friends are like that . . . it is the life that does it . . . printers have a depressing effect on us, too . . . we asked one to criticize the April issue . . . it is not so bad, said he . . . except that Off Duty page . . . that set-up is awful . . . so we are trying another . . . we strive to please everybody . . . even the printer . . . which is absurd . . .

SPECIAL CLUB RATES FOR STUDENT NURSES

There has always been an element of adventure in the practice of nursing. In these difficult days it is important that student nurses should know something of the changes and developments which are taking place all over Canada. They constitute a challenge to those who wish to achieve success in a highly competitive field. *The Canadian Nurse* tells you what is going on in every branch of nursing. Read *The Canadian Nurse* and write for it. Its pages are always open to contributions from student nurses. Share your interesting experiences with others.

A special club rate is offered to groups of ten or more student nurses who are associated with any one hospital. The reduced annual subscription rate is $1.50 per student, and is not transferable. The *Journals* will be mailed to the hospital concerned, and addresses cannot be changed. The Director of the School of Nursing is requested to give assurance that the members of the group are actually in training.

Official Directory

International Council of Nurses:
Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, General Hospital, Toronto, Ont.
President.....Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President.....Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President.....Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.....Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer.....Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1)Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. P. Campbell, 516 Vancouver Block, Vancouver; (2) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Kerr, 946 20th Ave. West, Vancouver, (4) Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4)Miss Mabel McMullen, St. Stephen.

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QUEBEC

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Saskatchewan Registered Nurses Association (Incorporated March, 1927)

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Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

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BRITISH COLUMBIA

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Institute of Public Health
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LONDON - CANADA

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SASKATCHEWAN

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ONTARIO

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